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Recovering Full Repair Costs of INDOT Infrastructure Damaged by Motor Vehicle Crashes

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RECOVERING FULL REPAIR COSTS OF INDOT INFRASTRUCTURE DAMAGED BY MOTOR VEHICLE CRASHES

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| 16. Abstract <p>There are approximately 4,000 instances per year where state property located along Indiana Department of Transportation (INDOT) maintained right-of-way needs to be replaced or repaired due to motor vehicle crashes. INDOT incurs significant financial losses to repair state property damage that is not recovered from the responsible driver because responsible parties cannot be identified and invoices do not reflect the fully-loaded cost of the repair. This study's objective is to identify enhanced management procedures to decrease the financial burden of the state by identifying best practices supporting the following four goals: 1) increasing the percent of invoices collected, 2) more effectively associating vehicle crash reports with crash damaged infrastructure, 3) decreasing the process time, and 4) ensuring that invoices reflect the fully-loaded repair cost. As part of the study INDOT's recovery process was compared to peer states, a prototype process to document crash damaged infrastructure was field tested, enhanced crash repair documents were developed, and crash report queries were evaluate.</p> <p>Based on the research, this report recommends that the recovery process should begin with the placement of a tag by the investigating law enforcement officer at the scene of the crash. This tag would allow maintenance crews to directly link infrastructure damage with a specific vehicle crash report. This report recommends that a notification letter be sent to the driver and/or insurance company notifying them of the pending invoice. Past invoicing challenges show that these components are expected to increase the likelihood of successful repair cost recovery. This report also recommends that an administration fee be included in the repair costs to facilitate the new procedures. Performance measures have been proposed to evaluate the effectiveness of these procedures.</p> | | | |
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LIST OF SYMBOLS AND ABBREVIATIONS

| | |
|-------|--------------------------------------|
| DSP | Damage to State Property |
| INDOT | Indiana Department of Transportation |
| CMB | Cable-Median Barrier |
| VMT | Vehicle-Miles Traveled |
| WMS | Work Management System |
| ISP | Indiana State Police |

EXECUTIVE SUMMARY

RECOVERING FULL REPAIR COSTS OF INDOT INFRASTRUCTURE DAMAGED BY MOTOR VEHICLE CRASHES

Introduction

There are approximately 4,000 instances per year that require infrastructure located along right-of-way maintained by the Indiana Department of Transportation (INDOT) to be replaced or repaired due to motor vehicle crashes. This infrastructure includes guardrail, cable barriers, crash attenuators, lighting structures, signs, bridges, culverts, fences, traffic signals, pavement, and site earthwork re-grading to restore proper roadway drainage. A common example of infrastructure damage is shown in Figure 1. The guard rail pictured was damaged in early 2010 and subsequently repaired in the spring of 2010.

In the spring of 2009, Seymour District Traffic Systems Engineer Ed Cox and Professor Darcy Bullock conducted a preliminary screening of INDOT's cost recovery process and drafted a research need statement. In the fall of 2009, research project SPR-3411 was initiated with Purdue University to assess the fiscal effectiveness of INDOT recovering the full repair costs associated with repairing infrastructure damaged by motor vehicles. As part of the SPR-3411 project, Purdue surveyed all 50 states on their reimbursement practice and received responses from 41 states. Follow-up email and phone calls with 13 states and a webinar on September 15, 2010 provided opportunities to clarify details on best practices used by other states and to begin to synthesize those recommendations.

In addition to reviewing practices of other states, the research team consulted a variety of INDOT stakeholders, including Unit Foreman, District Staff, District Highway Maintenance Directors, Central Office Accounting Staff, and Deputy Commissioners to conduct a top-to-bottom assessment of INDOT practices and



Figure 1. Crash site on I-65 adjacent to mile marker 193.4 with approximately \$1,600 in direct repair costs. Top: before repair. Bottom: after repair.

develop consensus on what practices would be most appropriate for Indiana. These consensus ideas were then further vetted by the research team through a series of field visits to crash sites, review of internal paperwork associated with those crashes, and analysis of invoicing timelines and collection rates.

Findings

Based upon detailed examination of INDOT processes and best practices used by other states, it is estimated that there is an opportunity to improve collections by two million dollars to four million dollars annually by:

1. More effectively associating vehicle crash reports with crash damaged infrastructure;
2. Reducing the time between a crash and when an invoice is sent to the responsible party;
3. Ensuring that invoices reflect the fully-loaded repair cost;
4. Improving documentation sent to responsible party to reduce write-downs.

Implementation Recommendations

Based upon the review of internal INDOT procedures and best practices used by other states, the report makes the following recommendations:

- Deploy a state-wide law enforcement crash damage tagging system that will immediately associate crash damaged infrastructure to a crash report (see Figure 2). The tagging system will document the crash report identification number, crash date/time, and inspecting agency. This will reduce uncertainty when determining the responsible party. A pilot deployment of this program was conducted in early January 2011 along I-65 between Indianapolis and Lafayette.
- Develop partnerships with local agencies to extend the tagging system at a local level.
- Revise the state crash report title from "Damage to State Property" to "Damage to Public Sector Property."
- Consider adding an additional field to the Roadway Damage tag (Figure 2) for license plate numbers, so that in situations where no crash report is filed, such as for fuel spills or vehicle fires, the license plate number can serve as a tracking mechanism for the state to identify the responsible party.
- Develop an improved INDOT form for documenting crash repair costs (internally referred to as an M54). A revised M54 was drafted as part of this study and is included in the technical report referenced at the end of this technical

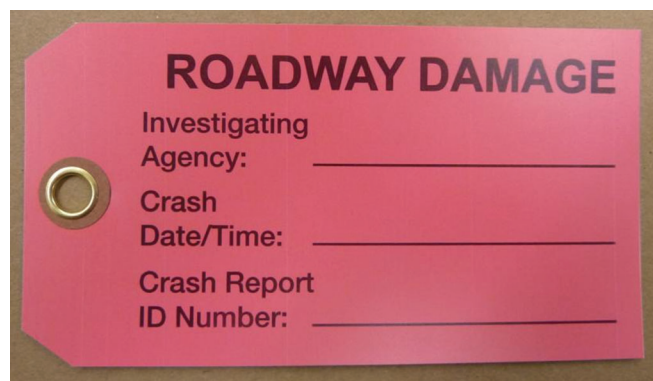


Figure 2. Damage to State Property tag.

summary. Ideally, this would be a web based form that supports digital photo uploads.

- INDOT maintenance crews (or the contractor) should document the crash damage by taking a photograph with a time stamp and GPS location recorded. These photographs help in resolving claims disputes with insurance companies regarding extent of damage and thus reduce write-downs.
- Upon determining responsible parties, a notification letter should be sent to the insurance company and driver of a pending invoice to repair crash damaged infrastructure.
- As part of the repair invoice, an overhead and/or administration fee should be collected by INDOT to cover the preparation and processing costs to invoice responsible parties. In May 2011, INDOT implemented an overhead fee of 28 %.
- INDOT staff using the ARIES crash reporting system should be trained to query on more than just the “damage to state property” field. The first of these training sessions was conducted on March 25, 2001, and should be continued on a regular basis.
- An organizational chart/document should be created at the district level to identify task owners for each phase of the crash repair recovery process. An overall process owner should be identified at the state level to oversee district processes and the overall cost recovery process.

- There is broad misconception among INDOT staff regarding where the funds from insurance reimbursement go. Perhaps a short article for an internal INDOT newsletter could help clarify how insurance claims are in fact returned to INDOT and why the timely processing of M54 forms benefit the districts.
- On a quarterly basis, tabulate four performance measures to evaluate the crash repair cost recovery process at the district and state level. These performance measures are as follows:
- Elapsed time between crash date and completion of the M54;
- Elapsed time between the completed M54 and the invoice date;
- Elapsed time between the invoice date and the collection date;
- Average % of invoiced amount collected.
- Evaluate INDOT processes and contracting procedures to determine if the guardrail repair contracts can be revised to require the contractor to invoice the insurance company to collect reimbursement. In cases where a contractor could not collect from an insurance company or responsible individual, INDOT would pay those costs.
- INDOT currently has 9 or 10 guardrail repair contracts. It may be appropriate to assess if there are opportunities to consolidate effort and reduce the number of guardrail repair contracts.

CHAPTER 1. INTRODUCTION

1.1. Study Background

The Indiana Department of Transportation (INDOT) maintains approximately 8,146 miles of state roads; 3,107 miles of US routes; and 1,089 miles of interstate. In 2009, there were 1,300 crashes along INDOT-maintained right-of-way where the crash reports indicated damage to state property. It is important for INDOT to document crashes resulting in damage to state property (DSP) and identify the responsible parties to invoice them for the full cost of the repairs.

The state property is repaired either within house staff, or subcontracted by INDOT. State property that is typically damaged in motor vehicle crashes includes, but is not limited to: bridges, cable-median barrier (CMB), crash attenuators, landscaping, guardrail, ITS equipment, light poles, right-of-way fences, signs, and traffic light poles. The repair cost for damaged property varies depending on the type and age of the property, and the extent of damage. The components of the repair costs typically include the equipment, labor, materials, maintenance of traffic, and clean-up needed to restore the infrastructure to its original state. Figure 1.1 illustrates an instance of damage to state property. The cost to repair or replace the DSP is borne either by the driver or in most cases the driver's insurance company. However, for a large number of DSP cases, INDOT bears the repair costs when a crash report is not associated to the damage, the full repair costs are not invoiced, or the invoiced offender or insurance company does not pay.



Figure 1.1: Example of damage to state property – guardrail requiring \$2,451 in repair costs.

From January 1st 2008 to March 17th, 2009, Indiana, collected about 51% (\$1.8 Million) of the total invoiced amount (\$3.5 Million), Figure 1.2. Of the \$1.26 Million invoiced in 2008 only \$840K (66%) was recovered. For 2009, only 43% of the amount invoiced was recovered. Aged invoices are still being collected with some being held up in legal negotiations. This is the case with the \$600,000 crane collision that occurred in 2009. A survey of peer state crash repair cost recovery processes found an average collection percentage of 74%, placing Indiana below this average in 2008 and 2009.

1.2. Study Objectives

This study seeks to address the cost recovery gap with a focus to:

- increasing the percent of invoices collected
- more effectively associating vehicle crash reports with crash damaged infrastructure
- reduce the process time between crash date and invoice for repair
- ensure that invoices reflect the fully-loaded cost of repair

The percent of invoices collected refers to the dollar amount collected versus the dollar amount invoiced. The invoiced amount is the fee billed to the responsible party to cover the costs to repair state property damage. The fully-loaded repair costs include labor and equipment to investigate the crash site, repair and clean-up damage, process the M54 documents, and process the invoice.

1.3. Preview of Recovery Process Evaluation

The time interval from between crash date to issuance of invoice, and ultimately to collection of invoice payment is expected to decrease if the reimbursement or crash repair cost recovery process initiated when the maintenance crew identified DSP. Figure 1.3 shows the general timeline to recover the repair cost for state property damage. There is a higher probability that a crash report can be associated to a damaged infrastructure when the approximate crash date is known. Immediate association to a crash report is possible if the investigating law enforcement officer where to tag the damage with crash report information.

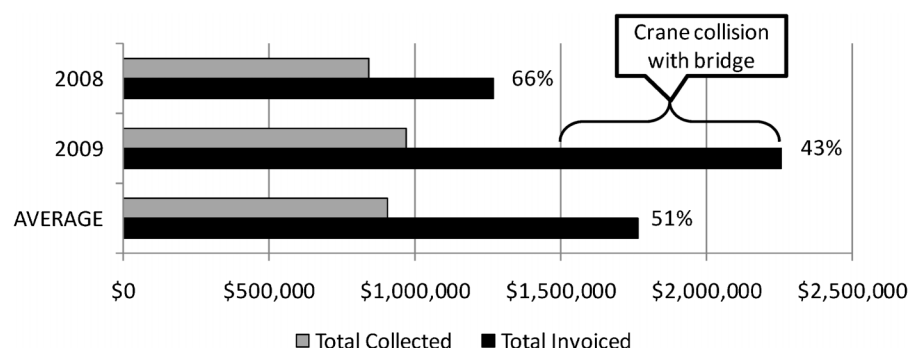


Figure 1.2: Indiana invoice and collection performance

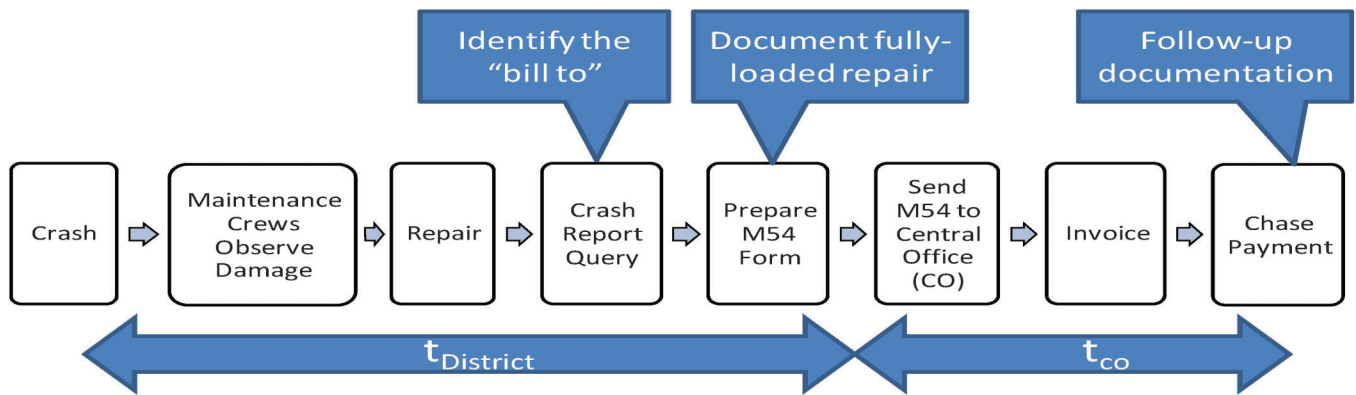


Figure 1.3: Timeline milestones for the crash repair cost recovery process

The current documentation procedure utilizes a crash documentation/estimation form identified by INDOT as form M54 (see Figure 1.4). Form M54 provides an itemized list of the repair costs to be invoiced to the driver and insurance company. Maintenance crews periodically drive state maintained routes to identify and inspect DSP. Based on this current practice, this report reviewed the possibility that the M54 begin when the maintenance crews observe damage. It was determined that the M54 report date occurred around four months after the crash date. The M54 is used to not only document the repair costs, but to provide justification to recover repair costs. It is expected that a higher invoice collection percentage will be realized as the time between the crash and M54 dates decrease. This decrease in processing time would ultimately decrease the overall time between the crash and invoice date.

1.4. Improving Internal Operations

There are limited metrics used within the state to evaluate the performance of the crash repair recovery process. Performance measures have been evaluated that identify practices which can lead to an increase in invoice collections. These tools can be applied by district staff at various phases of the recovery process. Although each district has a person identified to perform the cost recovery task, there needs to be a single point of contact responsible for the overall process at the state level. This person could coordinate the use of performance measures at a state level to increase efficiency and collections.

1.5. Organization of this Report

The challenges to meet the goals of this study are developed in Chapter 2. The current processes are evaluated in Chapter 3 and the practices of other agencies are discussed in Chapter 4. Chapter 5 compiles the evaluation and analysis from Chapters 2 – 4 to recommend field practices for INDOT. Competitive outsourcing is discussed in Chapter 6, and final recommendations are provided in Chapter 7.

CHAPTER 2. MOTIVATION

Approximately 190,000 crashes are documented in Indiana each year with approximately 2–3% involving DSP (see Table 2.1). It is a challenge to filter through the crash reports to find those with DSP. There are additional difficulties to recover reimbursements, decrease the recovery process time, and quantify the true repair costs; these challenges are discussed in this chapter.

2.1. Properly Identifying Crash Reports with Damage to State Property

The 2009 crash database identifies 4,010 occurrences of damage to state property marked as indicated by a “yes” under “State Property” in the crash report (Figure 2.3). However, this excludes several reports of crashes that might have caused damage to infrastructure for which the DSP indicated. The query procedures were evaluated to identify opportunities to find more crash reports with DSP. There are 79 fields of the crash report that can be queried in ARIES, a database where all motor vehicle crash reports are recorded as seen in Figure 2.1. Figure 2.2 shows an example of DSP where the state property indicator box of the crash report was left blank as seen in Figure 2.3. The “state property indicator” query field corresponds to the “state property indicator” box on page one of the crash report as shown in Figure 2.3 and is commonly used to identify the crashes with DSP. Although state property is not indicated, the crash report narrative states “the semi then jack-knifed and landed on top of the west guardrail” (Figure 2.4). Furthermore, the field titled “collision with” on page 3 of the crash report (Figure 2.5) identifies that the vehicle hit “guardrail face.” In instances such as this, the “state property indicator” box on the crash report is improperly left blank, which would be a missed opportunity to associate DSP with a crash report. This crash example on I65 at MM ~193.4 shows the potential to identify crashes involving DSP that are being excluded based on the “state property” indicator filter.

Form M-54
 White - Claims & Comp.
 Blue - Claims & Comp.
 Pink - Accounting & Control
 Yellow - Subdistrict

WORK SHEET -- DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

4930
4144

| | | |
|--|-----------------------------------|-----------------------|
| District: LaPorte | Driver Name: <input type="text"/> | Accident Date: 8/5/08 |
| Subdistrict: GARY DISTRICT | Accident No.: 1320080805203715 | Repair Date: 11/03/08 |
| Accident Location: EB I-78 & THE GORE @ KENNEDY AVE. | | Report Date: 12/10/08 |

| TYPE OF MATERIAL | QUANTITY | UNIT PRICE | TOTAL |
|--|----------|-------------|------------|
| REFLECTIVE NOSE - GORE 3535003-3000 | 1 | 349.00 EA. | 349.00 |
| CABLE STRAP ASSEMBLY, SELF-CONTAINED BACK-UP 3535044-0000 | 2 | 28.56 EA. | 57.12 |
| FLEX TAB 2021049-1000 | 4 | 13.00 EA. | 52.00 |
| HARDWARE | | | |
| EQUIPMENT: | | | |
| 64683 SA DUMP-1583 | 3.75 HR. | 20.79/HR | 77.96 |
| 64393 PICK-UP - 8710 | 3.75 HR. | 6.93/HR | 25.99 |
| 64357 PICK-UP-8710 | 3.75 HR. | 6.93/HR | 25.99 |
| ARROW BOARD-5800 | 3.75 HR. | 10.00/HR | 37.50 |
| LABOR: | | | |
| CREW LEADER (1) | 3.75 HR. | 24.02/HR | 90.08 |
| MW 3 (1) | 3.75 HR. | 20.86/HR | 78.23 |
| MW 3 (1) | 3.75 HR. | 20.86/HR | 78.23 |
| MW 3 (1) | 3.75 HR. | 20.86/HR | 78.23 |
| MW 2 (1) | 3.75 HR. | 24.57/HR | 92.14 |
| | | | |
| | | | |
| | | | |
| | | | |
| Grand Total | | Actual Cost | 1,042.47 ✓ |

Material

Equipment

Labor

By:
 State Form 35480 (R/8-90)

Title: MMW3

Figure 1.4: An example of Form M54

2.1.1. Investigating Crash Reports with Potential Damage to State Property

One task in the study was to investigate crashes where the "state property" indicator on the crash report had been erroneously left blank and therefore jeopardized

efforts to associate specific damage to reported crashes. The INDOT Traffic Management Center (TMC) staff ran a query on the crash database that identified such crash reports that had the state property indicator left blank, but reported a motor vehicle hitting the guardrail, bridgerail, guardrail end, or

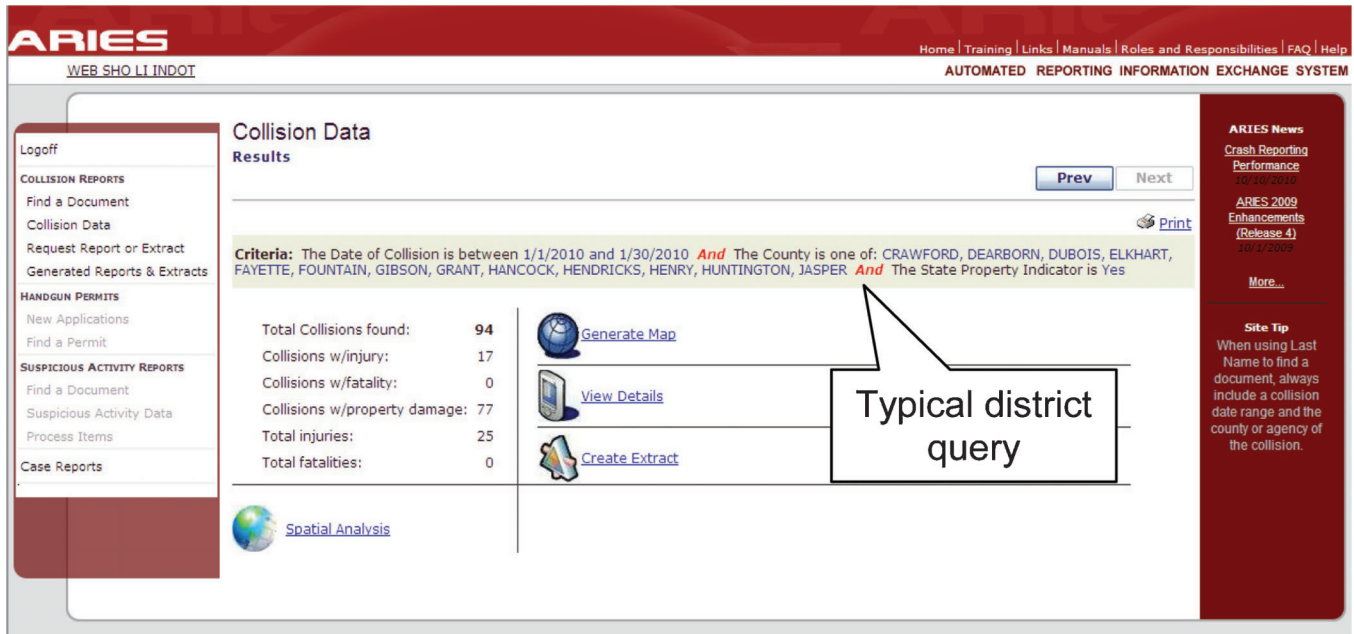


Figure 2.1: The ARIES web interface

guardrail face. Because this query is typically not run by districts, these crash reports would normally not be identified. Only crash reports that indicated significant damage might have occurred were visited, as seen on Table 2.2.

It was found that there were 65 instances of crash repairs or state property damage worth an estimated repair cost of \$89,000 over the 3 ½ month interval. The

crash sites with DSP and their repair cost estimates are presented in Table 2.3. The repair quantities were determined using engineering judgment based on the type of property damaged and the extent of damage or repair assessed visually. For each damage site, the repair amount was calculated by applying the Crawfordsville guardrail maintenance contract line item fees and counting the estimated repair quantities. The reports of all crashes that had occurred at the approximate location of the repair site were examined to determine if the damage could be attributed to another crash report. The crash locations with asterisks have had their repair estimate verified by INDOT personnel.



a) Crash site before repair



b) Crash site after repair

Figure 2.2: Guardrail property damage and repair; crash at 165 MM ~193.4

TABLE 2.1:
2009 crash count comparison

| 2009 Crash Count | | | |
|-------------------|---------------|---|-------------------------------|
| Interstate | Total Crashes | DSP Frequency Indicated on Crash Report | Percentage of DSP (frequency) |
| 65 | 3,585 | 433 | 12% |
| 69 | 1,975 | 284 | 14% |
| 74 | 775 | 130 | 17% |
| 70 | 1,454 | 200 | 14% |
| 64 | 542 | 51 | 9% |
| 465 | 1,649 | 162 | 10% |
| 469 | 149 | 22 | 15% |
| 865 | 32 | 6 | 19% |
| 265 | 126 | 12 | 10% |
| All Interstates | 10,287 | 1,300 | 13% |
| All Indiana Roads | 189,835 | 4,010 | 2% |

| INDIANA OFFICER'S STANDARD CRASH REPORT | | | | | | | | | | Page | 1 | of | 3 |
|--|--------------------|---|--|------------------------|---|----------------|----------------|----------------------------|-----------------------------------|---|---|----|---|
| Electronic Version | | | | | | | | | | Local ID | | | |
| 901273493 | | | | | | | | | | 1420100206001246 | | | |
| Date of Crash 02/06/2010 | Day of Week Sat | Actual Local Time 12:12 AM | County WHITE | Township WEST POINT | # Motor Vehicles 0 | # Injured 0 | # Dead 0 | # Commercial Vehicles 1 | # Deer 0 | | | | |
| Road Crash Occurred On I65 | | | Nearest Intersecting Road/Mileage/Interchange 193.0 | | If not an intersection, number of feet from 10 | | Direction N | | Road Classification INTERSTATE | | | | |
| Inside Corporate Limits? NO | | City/Town or Nearest City/Town WOLCOTT | | | Property? OTHER | | Crash Latitude | | Crash Longitude | | | | |
| Driver #1 | | Driver #2 | | Driver #3 | | Driver #4 | | | | | | | |
| Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances <input type="checkbox"/> Alcohol/Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Tolerances <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Condition <input type="checkbox"/> Unsafe Lane Movement <input type="checkbox"/> Other <input type="checkbox"/> None | | | | | Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances <input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversize/Overweight Load <input type="checkbox"/> Improper Load <input type="checkbox"/> Towing <input type="checkbox"/> Other <input type="checkbox"/> None Environment Contributing <input type="checkbox"/> Glare <input type="checkbox"/> Road <input type="checkbox"/> Hole <input type="checkbox"/> Shoulder <input type="checkbox"/> Road under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway | | | | | Area Information Hit and Run NC School Zone NC Rumble Strips NC Locality RURAL Light Condition DARK (NOT LIGHTED) Weather Conditions | | | |
| Total Estimate of all damage in the Crash: \$25001 TO \$50000 Other Property Damage (1) State Property Other Property Damage (2) State Property | | | | | State Property Indicator Left Blank STRAIGHT/HILLCREST Roadway Surface ASPHALT Construction NO If Yes, Construct | | | | | | | | |
| Witness/Other Participant <input type="checkbox"/> Witness # Name <input type="checkbox"/> Other Participant Address etc. Phone # Location at Time of Crash | | | | | Other Property Damage (1) State Property Other Property Damage (2) State Property | | | | | | | | |
| Witness/Other Participant <input type="checkbox"/> Witness # Name <input type="checkbox"/> Other Participant Address etc. Phone # Location at Time of Crash | | | | | Cited? Direction Street/Highway Traffic Control? If yes, was traffic control operational? | | | | | | | | |

Figure 2.3: Crash report page 1 of I65 MM ~193.4

After performing this investigation, nine 2009 M54s of state property repair costs were received from Fort Wayne to associate to crash reports. Using the two queries described in this section, six crashes were matched (Table 2.4). Their total cost of repair is

approximately \$13,000. The confidence level is the measure of certainty that the crash report is associated to the correct state property damage. It varies according the number of crash reports similar to the crash scene and location.

| | | | |
|---|--------------------------|--|--------------------------------|
| 901273493 | | Page 2 of 3 | |
| Local ID 1420100206001246 | | | |
| Type of Crash HEAD ON | | | |
| Time Notified 12:12 AM | Time Arrived 12:16 AM | Other Location of Investigation AT SCENE ONLY | |
| Assisting Officer | ID No. | Agency | Investigation Complete? YES |
| Assisting Officer | ID No. | Agency | Photos Taken? NO |
| Investigating Officer STINSON, T | ID No. 5202 | Agency ISP LAFAYETTE 14 | Date of Report 02/06/2010 |
| | | Reviewing Officer A HAMPTON | |
| Narrative <p>On 2-6-2010 at approximately 12:12 a.m. Vehicle 1 was SB on I-65 near 193 MM. Vehicle 1 was traveling in the right driving lane when a severe cross-wind struck his vehicle. Driver 1 stated that the wind lifted one side of his trailer and truck. He stated that he then turned to keep the truck from tipping onto its side when it came back down. When the truck landed back on all its tires it turned into the east guard rail. Then V-1 crossed both lanes and struck the west guard rail. The semi then jack knifed and landed on top of the west guard rail.</p> <div style="border: 2px solid black; padding: 5px; margin: 10px auto; width: 80%; text-align: center;"> jack knifed and landed on top of the west guard rail. </div> | | | |

Figure 2.4: Crash report page 2 of I65 MM ~193.4

2.2. Collections on Invoiced Accounts

The goal for INDOT regarding DSP crash repair cost recovery is to have 100% collected of the amount invoiced. Based upon the DSP accounting database,

INDOT collected 66% in 2008 and 43% in 2009 of the invoiced amount. As seen in Figure 2.6, there is a large difference between total invoice amounts and amounts collected.

| UNIT INFORMATION | | | | 901273493 | | Page 3 of 3 | |
|---|--|--|--|--|--|-------------|--|
| Local ID 1420100206001246 | | | | | | | |
| Driver's Name (Last, First, MI) 1 [REDACTED] | | | | Safety Equipment Used LAP + HARNESS | | | |
| Address (Street, City, State, Zip) [REDACTED] FL 32131 | | | | Safety Equipment Effective? YES | | | |
| Date of Birth [REDACTED] Age [REDACTED] Gender MALE | | | | Ejection/Trapped NOT EJECTED OR TRAPPED | | | |
| Driver's License # [REDACTED] License Type CD License Class [REDACTED] License State FL | | | | EMS No. [REDACTED] Injured Attn [REDACTED] Driver Injury Status [REDACTED] | | | |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | | | Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol/From Employment <input checked="" type="checkbox"/> None | | | |
| Test Given NONE Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | | | Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony IC Codes [REDACTED] | | | |
| Alcohol Results PBT [REDACTED] Certified Test <input type="checkbox"/> Pending | | | | Drug Results [REDACTED] | | | |
| Veh# 1 Color WHITE Vehicle Year 2007 Make VOLVO Model SEMI Style 2D | | | | Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| # Occupants 1 Lic Year 2010 License # [REDACTED] License State IL | | | | Front [REDACTED] Rear [REDACTED] | | | |
| # Axles 3 Speed Limit 70 Insured By SPARTA INS COMP Phone Number 5635875000 | | | | Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| Vehicle Identification # [REDACTED] | | | | Front [REDACTED] Rear [REDACTED] | | | |
| Registered Owner's Name (Last, First, MI) [REDACTED] Same as Driver <input type="checkbox"/> | | | | Vehicle Use COMMERCIAL (BUSES, TAXIS, COMMON, CONTRACT) | | | |
| Address (Street, City, State, Zip) MORTON IL 61550 | | | | Emergency Run? [REDACTED] Fire? NO | | | |
| Towed? To JOHNSONS By JOHNSONS Due to Disabling Damage YES | | | | Vehicle Type TRACTOR/CNE SEMI TRAILER | | | |
| Lic State IL Lic Year 2010 Registered Owner's Name (Last, First, MI) [REDACTED] Same as Driver <input type="checkbox"/> | | | | Pre-Crash Vehicle Action GOING STRAIGHT | | | |
| License# [REDACTED] Address (Street, City, State, Zip) [REDACTED] | | | | Direction of Travel [REDACTED] | | | |
| Veh Year 2005 Make STOUGHTON MORTON IL 61550 | | | | Event Collision With 1. GUARDRAIL FACE 2. GUARDRAIL FACE | | | |
| License# [REDACTED] Address (Street, City, State, Zip) [REDACTED] | | | | Multi-Lane Undivided (3 or more) [REDACTED] | | | |
| HAZMAT Proper Shipping Name: [REDACTED] State DOT# [REDACTED] | | | | Event Collision With 1. GUARDRAIL FACE 2. GUARDRAIL FACE | | | |
| US DOT# 244981 ICC# [REDACTED] CMV Inspection NO If Yes [REDACTED] | | | | | | | |
| Gross Vehicle Weight Rating 26,001# OR MORE Cargo Body Type VAN/ENCLOSED BOX | | | | | | | |
| HAZMAT Placard NO HAZMAT Release of Cargo NO HAZMAT 4-Digit ID# [REDACTED] Hazard Class # [REDACTED] | | | | | | | |

Figure 2.5: Crash report page 3 of I65 MM ~193.4

2.3. Reducing Lag Time in the Crash Repair Cost Recovery Processes

A principal challenge faced in the DSP repair cost recovery process is the lengthy and highly variable time spent on processing the DSP cases to yield an invoice. As shown in Figure 2.7, this ranges from approximately

0 to 1302 days. Some factors contributing to the variation in time are the differences in administration practices at the districts: at certain districts, the processing begins when DSP is first observed, at other districts it begins when the crash report arrives or after the repairs. Figure 2.8 shows the time between a

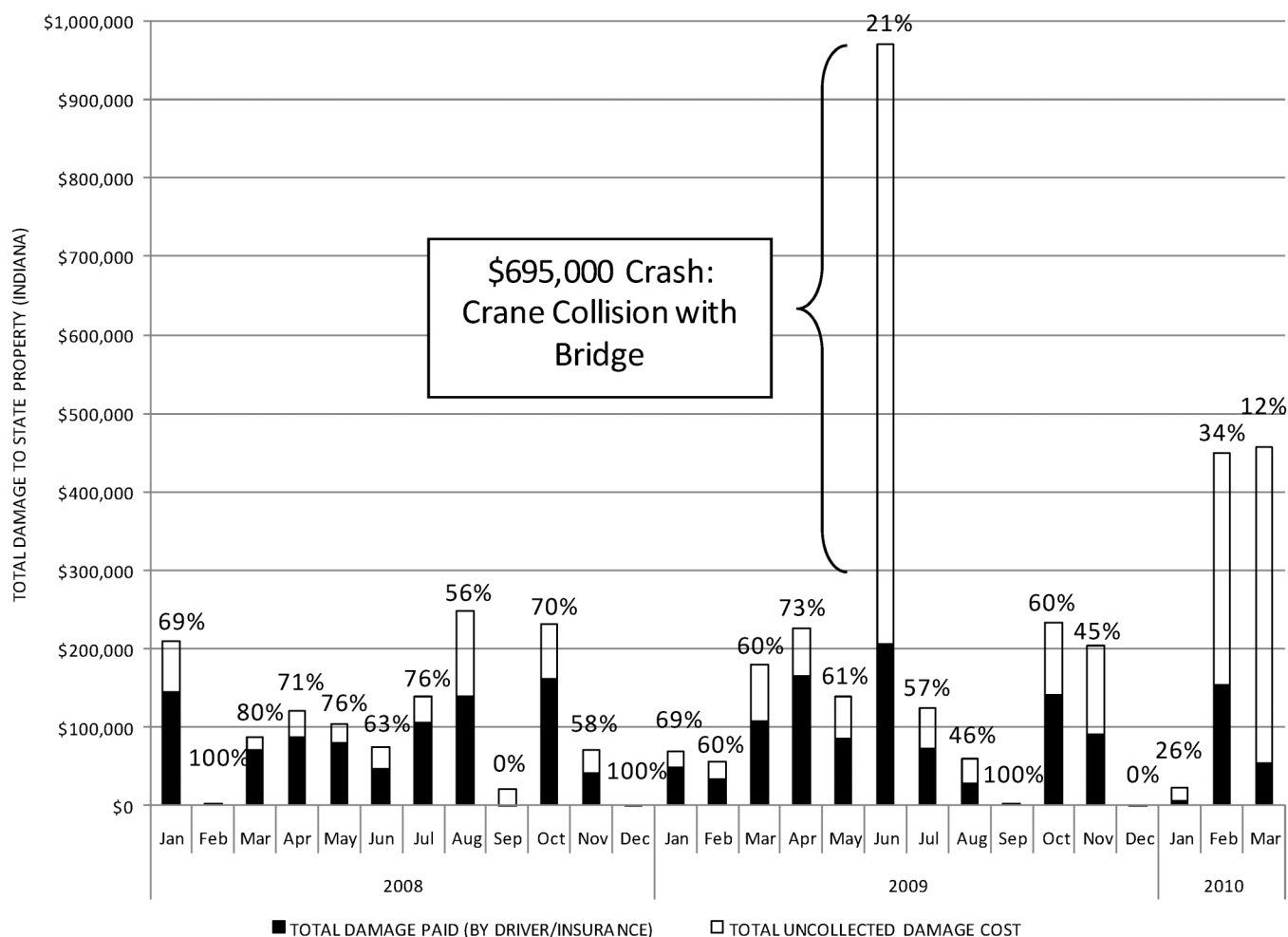


Figure 2.6: DSP reimbursement amount collected/uncollected for invoices billed January 2008 – March 2010 year for all INDOT routes (n=3,152)

completed M54 and an invoice ranges from approximately 5 days to 930 days. The potential monetary losses resulting from a lengthy processing time are shown from the following insurance dispute example as described by INDOT central office staff:

“I got a call from Hanover insurance for an accident that occurred 1/29/09, amount of invoice is \$1,641.06. Their insured is challenging the damage that is being billed, saying that the pictures do not represent what the guard rail looked like after his accident. The pictures were taken 07/20/09 – (6 months after the date of the accident).”

The consequences of the half-year delay in photographing the crash site resulted in a settlement for half the invoice amount. INDOT central office staff states this pending result:

“The insurance company is willing to settle the claim for ½ the amount of the invoice which is \$820. Or they will need something to prove that their insured did all the damage and an explanation why it took 6 months to get pictures/fixed.”

The duration for M54 processing is not strongly correlated to the amount of the invoice or size. Figure 2-9

Figure 2.9 indicates there is no significant relationship between the invoice amount and the time M54 processing time.

An example of a lengthy M54 processing time is shown in Figure 2.10. The M54 was processed approximately 2½ years after the crash date, thus it was difficult to identify the repair costs or repair date. According to the crash reports (Figure 2.11, Figure 2.12, and Figure 2.13), this crash appeared to have significant DSP. Thus INDOT obviously missed an opportunity to obtain reimbursement.

2.4. Associating the State Property Damage to a Crash Report

Interstate highways commonly have crashes involving state property. In 2009, there were approximately 1,300 DSP crashes along interstates. These accounted

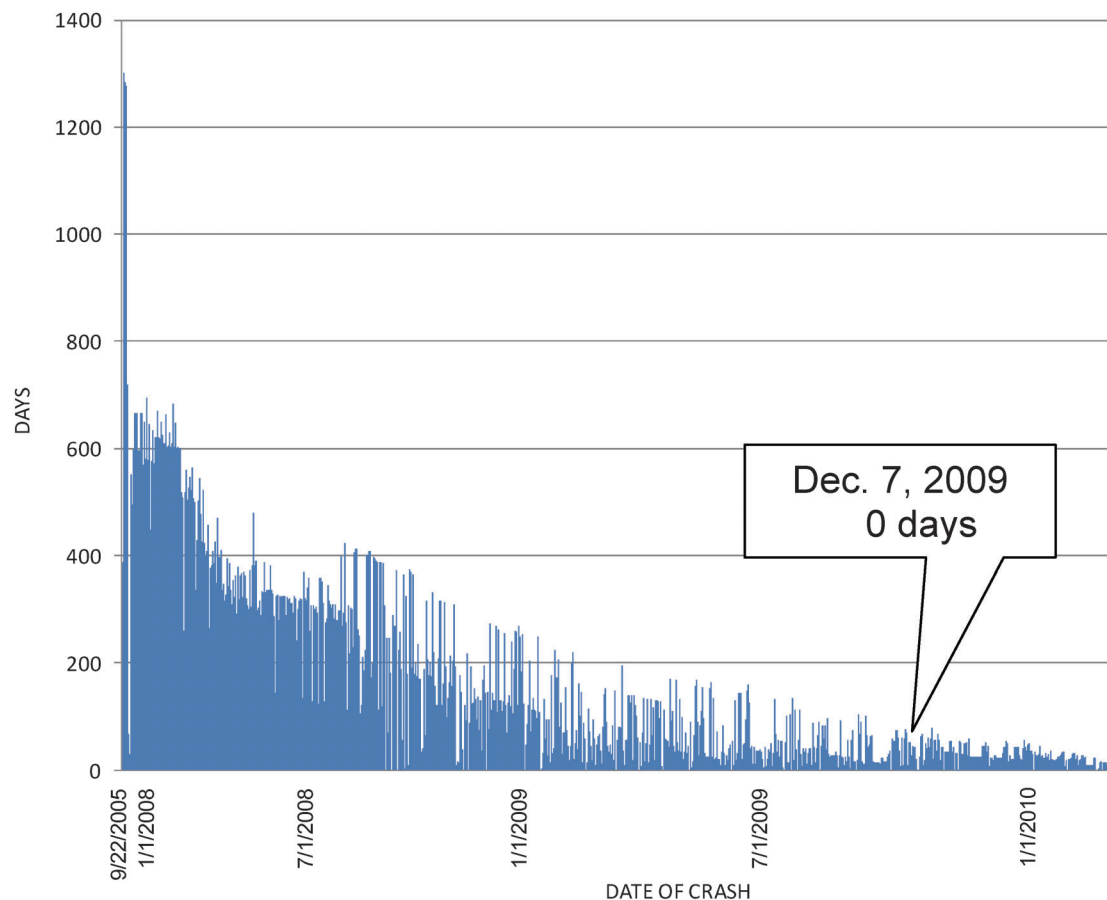


Figure 2.7: Lag time from date of crash to the date the M54 is created based on invoices sent in February and March of 2010 (n=876)

TABLE 2.2:
Potential sites with DSP crash reports with state property
indicator left blank (1/1/2010 – 4/10/2010)

| District | Possible Sites | Sites Visited | Sites with Clear Damage or Recent Repairs |
|----------------|----------------|---------------|---|
| Crawfordsville | 72 | 64 | 14 |
| Fort Wayne | 56 | 34 | 12 |
| Greenfield | 125 | 38 | 10 |
| LaPorte | 49 | 20 | 6 |
| Seymour | 108 | 60 | 22 |
| Vincennes | 16 | 3 | 1 |
| TOTAL | 426 | 219 | 65 |

for over 25% of the total highway DSP crashes that year. This is expected due to the dominant share of vehicle-miles traveled on these routes. Also, along an interstate section, there are certain locations that are prone to a greater number of crashes: bridges, weaving sections, and curves. Additionally, there are certain times of the year when more crashes occur compared to other times: snow, rain, and windy weather periods. A crash often generates secondary crashes upstream, thus causing several crashes within close proximity of each other in a short amount of time. It has been observed

from crash statistics that cable-median barrier and guardrail often result in multiple crashes with potential DSP in close proximity as shown Figure 2.14.

In the example shown in Figure 2.15, three M54s were created for damage caused by one crash. Multiple M54s create a challenge when interacting with insurance companies and often result in only the first M54 being paid by the insurance company

The effort needed to associate a crash report increases as more time passes and as more secondary crashes occur. The M54 for a repair is not reimbursed when there is uncertainty who was the responsible party. Such uncertainty is exacerbated when there is conflicting information on the crash report (see example in Figure 2.16). An improved system associating crash reports to damage at the crash site would increase the association rate and number of invoices.

2.5. Invoicing Full Repair Costs for Crash-Damaged State Infrastructure

With a median invoice of \$419, we believe Indiana does not collect the fully-loaded cost of repairing DSP. Key components of crash repair recovery excluded in the repair costs are the labor spent identifying and investigating crashes with DSP, associating a crash

TABLE 2.3:
Repair estimate summary (\$88,903) from Purdue site investigation (1/1/2010 – 4/10/2010)

| a) Seymour District | | b) Crawfordsville District | | c) Fort Wayne District | |
|------------------------|----------|----------------------------|----------|------------------------|----------|
| Crash Location | Cost Est | Crash Location | Cost Est | Crash Location | Cost Est |
| I64 113 EB | \$295 | I74 58.0 W* | \$642 | I469E 29 EB | \$840 |
| I64 118 WB | \$2,700 | I74 49.0 E* | \$4,927 | I69 128 NB | \$676 |
| I64 120.0 WB | \$2,700 | I74 9 W * | \$526 | I69 128 SB | \$297 |
| I65 46.0 NB | \$430 | I74 9 W * | \$823 | I69 129 SB | \$430 |
| I65 49F NB | \$430 | I65 197.4* | \$2,852 | I69 138 SB | \$430 |
| I65 55.0 NB | \$676 | I70 4 E* | \$1,270 | I69 59 NB | \$430 |
| I65 55.0 SB | \$1,239 | I70 7 E* | \$1,955 | I69 69 NB | \$2,110 |
| I65 76 NB | \$430 | SR46 Jeffers S* | \$263 | I69 86 SB | \$2,700 |
| I65 76(US31) NB | \$3,560 | I65 148 N* | \$3,254 | US27 100W SB | \$2,700 |
| I65 76B 1NB | \$379 | I65 175 S* | \$868 | US30W @ 650W | \$2,110 |
| I65 99 SB | \$1,434 | I65 193 S* | \$1,580 | US30W @ Oday Rd | \$379 |
| I74 136.0 EB | \$594 | SR32 SR47 W* | \$2,042 | US35 @ 500W WB | \$3,130 |
| I74 160.5 WB | \$512 | US231 800 N* | \$2,451 | | |
| I74 169 WB | \$727 | I70 23 EB | \$493 | | |
| I74 170 WB | \$430 | | | | |
| SR135 Landmark Ave NB | \$2,700 | | | | |
| SR265 7.4 WB | \$2,700 | | | | |
| SR37 Old SR37 NB | \$594 | | | | |
| SR446 Judah Rd SB | \$594 | | | | |
| SR7 Main St NB | \$430 | | | | |
| US50 @ CR410N WB | \$1,700 | | | | |
| US50 Gatch Hill Rd WB | \$1,216 | | | | |
| District Totals | \$26,470 | | \$23,946 | | \$16,232 |

| d) Greenfield District | | e) LaPorte District | | f) Vincennes District | |
|------------------------|----------|-------------------------|----------|-----------------------|----------|
| Crash Location | Cost Est | Crash Location | Cost Est | Crash Location | Cost Est |
| I70 140 EB | \$2,700 | I65 205 NB | \$688 | SR56 NE Dubois Rd | \$2,700 |
| I69 7 EB | \$447 | I94 20.5 EB | \$1,700 | | |
| I69 24 NB | \$2,700 | SR8 @ 800E EB | \$478 | | |
| I70 150 EB | \$215 | SR23 @ Crumstown Hwy EB | \$526 | | |
| I70 @ SR3 EB | \$192 | US6 @ SR49 EB | \$2,700 | | |
| I65 @ 128.4 NB | \$461 | US41 @ 1200 S | \$482 | | |
| I65 SB TO I465 EB | \$430 | | | | |
| I70 89 EB | \$2,700 | | | | |
| I74 113 EB | \$2,700 | | | | |
| I465 5.4 WB | \$436 | | | | |
| District Totals | \$12,981 | | \$9,274 | | \$2,700 |

TABLE 2.4:
2009 Fort Wayne repairs associated to crash reports by Purdue

| 2009 Fort Wayne Repairs - Crash Reports Queried by Purdue | | | | | |
|---|----------------|------------|-------------|------------------|-------------|
| Crash Report ID | Crash Location | Crash Date | Repair Date | Confidence Level | Repair Cost |
| 901026183 | I69 59+80 | 12/21/2008 | 5/4/2009 | Medium | \$610 |
| 901001602 | I69 68+70 | 11/17/2008 | 5/4/2009 | High | \$2,794 |
| 901087536 | I69 63+35 | 4/5/2009 | 5/4/2009 | High | \$3,498 |
| 901096907 | SR9 106+38 | 4/22/2009 | 5/5/2009 | High | \$2,869 |
| 901048601 | SR15 39+75 | 1/23/2009 | 5/5/2009 | High | \$2,589 |
| 900998631 | US24 119+20 | 11/18/2008 | 5/5/2009 | High | \$642 |
| Total Repair Cost | | | | | \$13,003 |

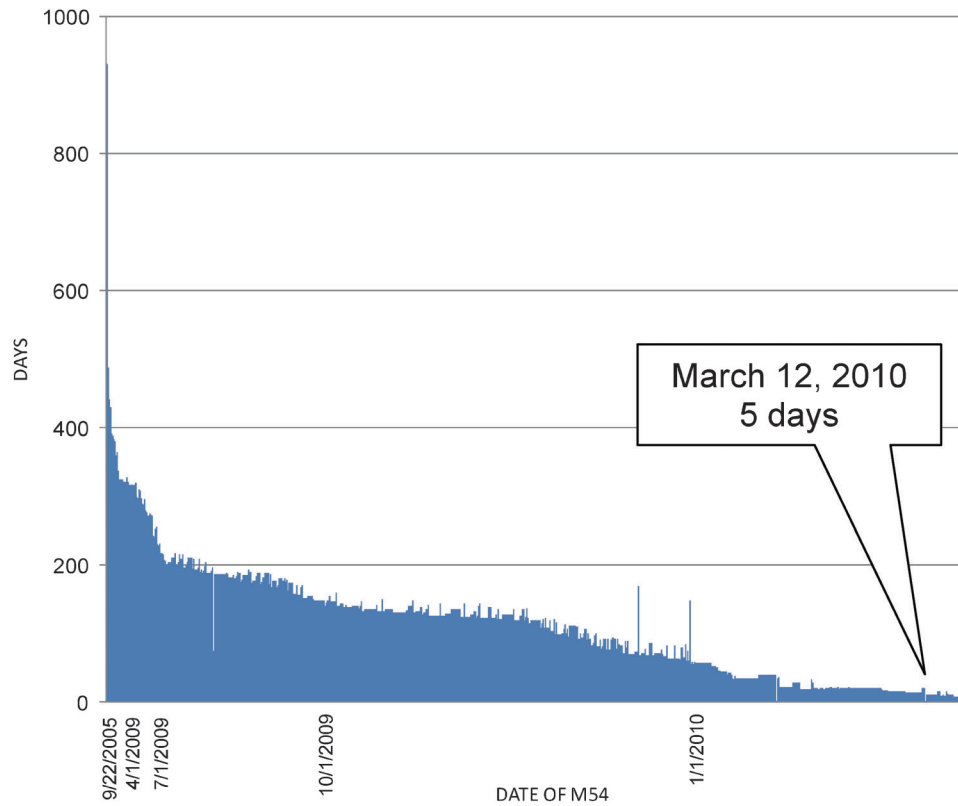


Figure 2.8: Lag time between the date the M54 is created and the invoice date based on invoices sent in February and March of 2010 (n=876)

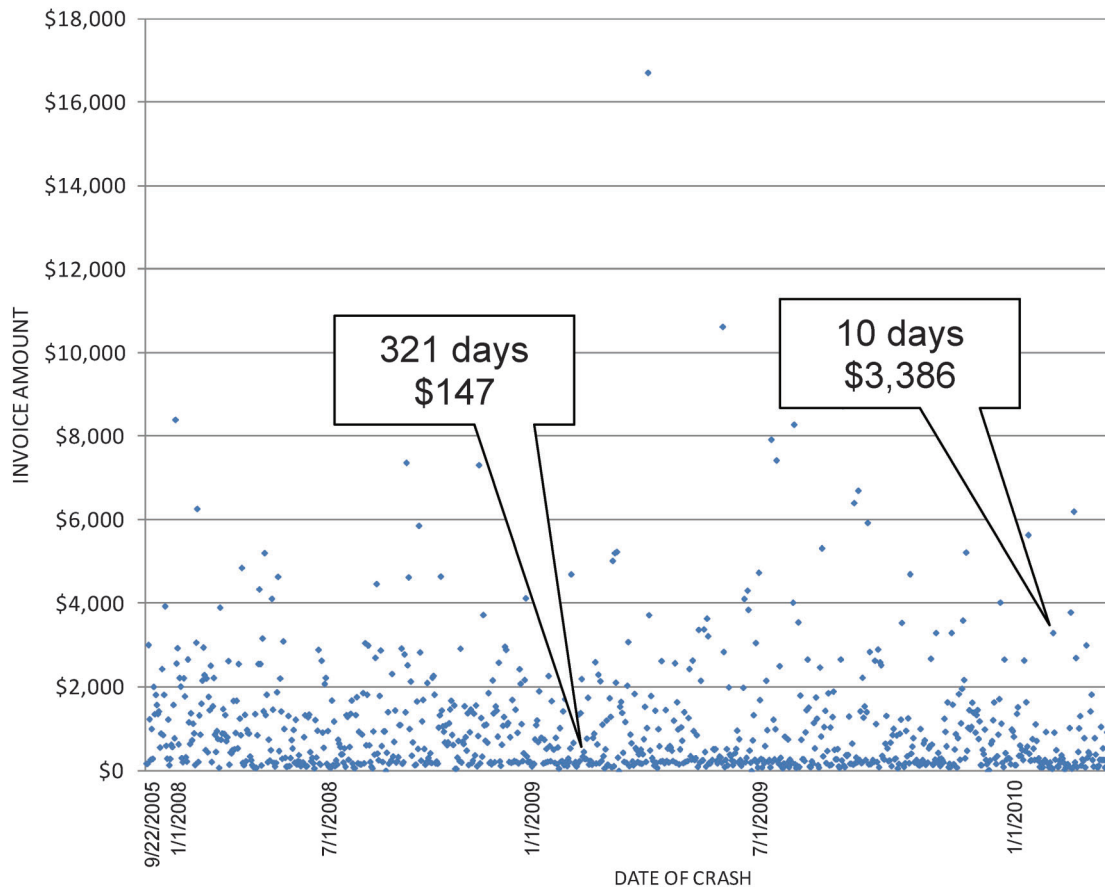


Figure 2.9: Fluctuation of invoice amount with time based on invoices sent in February and March of 2010 (n=919)

| INDIANA OFFICER'S STANDARD CRASH REPORT | | | | | | | | | | Page | 1 | of | 3 |
|---|--------------------|------------------------------|--|-------------------------|--|----------------|---|----------------------------|-----------------|---|---|----|---|
| Mail to: Electronic Version Indiana State Police, Crash Records Section 100 North Senate Avenue, Indianapolis, IN 46204 | | | | | | | | | | 900651904 Local ID: 1320070320015038 | | | |
| Date of Crash 03/20/2007 | Day of Week Tue | Actual Local Time 1:50 AM | County LAKE | Township EAGLE CREEK | # Motor Vehicles 1 | # Injured 0 | # Dead 0 | # Commercial Vehicles 1 | # Deer 0 | | | | |
| Road Crash Occurred On I65 | | | Nearest Intersecting Road/Mile Marker/Interchange 235.0 | | If not an intersection, number of feet from Direction | | Road Classification INTERSTATE | | | | | | |
| Inside Corporate Limits? NO | | | City/Town or Nearest City/Town LOWELL | | Property? OTHER | | Crash Latitude | | Crash Longitude | | | | |
| Driver #1 | | | Driver #2 | | Driver #3 | | Driver #4 | | | | | | |
| Primary Cause Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 Driver Contributing Circumstances <input type="checkbox"/> Alcohol/Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Conditions <input type="checkbox"/> Other <input type="checkbox"/> None | | | | | Primary Cause Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 Vehicle Contributing Circumstances <input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversize/Overweight Load <input type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other <input type="checkbox"/> None Environment Contributing Circumstances <input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure <input type="checkbox"/> Utility Work <input type="checkbox"/> Other <input type="checkbox"/> None | | | | | Area Information Hit and Run: NC School Zone: NC Rumble Strips: YES Locality: RURAL Light Condition: DARK (NOT LIGHTED) Weather Conditions: CLEAR Surface Condition: DRY Type of Median: DRIVABLE Type of Roadway Junction: NO JUNCTION INVOLVED Road Character: STRAIGHT/LEVEL Roadway Surface: CONCRETE Construction: NO If Yes, Construction Type: Traffic Control Devices: LANE CONTROL Traffic Control Device Operational?: NA Was this crash the result of aggressive driving?: NO | | | |
| Total Estimate of all damage in the Crash: \$5001 TO \$10000 Other Property Damage (1) GUARD RAIL State Property: YES Owner's Name and Address: DEPT OF TRANSPORTATION INDIANAPOLIS IN State Property: YES Owner's Name and Address: | | | | | | | | | | | | | |
| Witness/Other Participant <input type="checkbox"/> Witness # (Last Name, First Name, MI) <input type="checkbox"/> Other Participant Address etc. Phone # Location at Time of Crash | | | | | | | Non-Motorist (Last Name, First Name, MI) Non-Motorist Type Non-Motorist Action Apparent Physical Condition Cited? Direction Street/Highway Traffic Control? If yes, was traffic control operational? | | | | | | |
| <input type="checkbox"/> Witness # (Last Name, First Name, MI) <input type="checkbox"/> Other Participant Address etc. Phone # Location at Time of Crash | | | | | | | | | | | | | |

Figure 2.11: M54 crash report #900651904 page 1

benefits of the INDOT employee. Some peer states, such as Michigan, include overhead and administration costs to account for indirect repair costs (see worksheet in Figure 2-17).

In addition to Michigan, the fees invoiced by other peer states are in Table 2.5; the fees vary from 3 – 72%.

The core details of an M54 are the materials, equipment, and labor. Figure 2.18 provides an example of providing little detail of the crash repair. The example correctly documents the contractor line item, but further details would be desirable to document the equipment, labor and material necessary.

| | | | | | |
|------------------------------|--|-----------|--|-------------|--|
| Local ID 1320070320015038 | | 900651904 | | Page 2 of 3 | |
|------------------------------|--|-----------|--|-------------|--|

| | | | | | |
|---|-------------------------|--|------------------------------|---------------|--|
| Type of Crash SAME DIRECTION SIDESWIPE | | | | | |
| Time Notified 1:51 AM | Time Arrived 2:56 AM | Other Location of Investigation AT SCENE ONLY | | | |
| Assisting Officer | ID No. | Agency | Investigation Complete? | Photos Taken? | |
| Assisting Officer | | | YES | NO | |
| | | | Date of Report 03/23/2007 | | |
| Investigating Officer TRAMMEL, F | ID No. 6818 | Agency ISP LOWELL 13 | Reviewing Officer | | |

Narrative

On 03-20-2007 I was sent to I-65 NB at the 235mm for a possible rolled over semi. When I arrived I observed a semi and trailer against the guard rail leaning to the right. I spoke to the driver and he advised a deer had ran into the roadway in front of him. D#1 said he could only move to the right due another semi being on his left. D#1 said after striking the guard rail he attempted to steer back onto the road but was only able to hold the wheel steady as he came to a stop.

Evidence at the scene showed that the semi had pushed the guard rail over so far that the tires sank in loose dirt. This caused the truck to lean into the guard rail and prevent D#1 from steering back onto the road. The right lane of the Interstate had to be closed for removal of the truck to keep it from falling over on it's side completely.

Figure 2.12: M54 crash report #900651904 page 2

2.6. Conclusions

This chapter described the challenges faced in addressing the study objectives. The crash repair recovery process is often delayed in both the M54 and invoice processes. Obstacles to associating crash reports to DSP include the delay in querying the database after the crash

occurs and the multiplicity of crashes happening within close proximity of each other. Additional challenges are that the crash database filter criteria restrict the crash reports to be matched to DSP, and the fully-loaded repair costs aren't accounted. Opportunities to address these challenges are discussed in Chapter 5.

| UNIT INFORMATION | | | | 900651904 | | Page 3 of 3 | |
|---|--|--|--|--|--|---|--|
| Local ID 1320070320015038 | | | | | | | |
| Driver's Name (Last, First, MI) 1 | | | | Safety Equipment Used LAP + HARNESS | | | |
| Address (Street, City, State, Zip) NASHVILLE TN 37207 | | | | Safety Equipment Effective? YES | | | |
| Date of Birth 42 | | | | Age 42 | | Gender MALE | |
| Driver's License # | | | | Life Type CD | | Life State TN | |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | | | Restrictions <input checked="" type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll From Employment | | | |
| Test Given NONE | | | | Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | | |
| Alcohol Results PBT | | | | Drug Results | | | |
| Veh # 1 | | | | Color WHITE | | Vehicle Year 2006 | |
| Veh # 1 | | | | Lic Year 2007 | | License # 9903HY | |
| # Axles 3 | | | | Speed Limit 65 | | Insured By LINCOLN GENERAL INS CO | |
| Registered Owner's Name (Last, First, MI) SHELBYVILLE TN 37160 | | | | Same as Driver | | | |
| Towed? YES | | | | Towed To DEMOTTE | | Towed By CHEEVERS | |
| 1a TN | | | | Lic State TN | | Registered Owner's Name (Last, First, MI) SHELBYVILLE TN 37160 | |
| License # | | | | Address (Street, City, State, Zip) | | Vehicle Year 2006 | |
| Veh Year 2006 | | | | Make ODAN | | SHELBYVILLE TN 37160 | |
| License # | | | | Address (Street, City, State, Zip) | | Vehicle Year 2006 | |
| Veh Year 2006 | | | | Make ODAN | | SHELBYVILLE TN 37160 | |
| Commercial Vehicle: Carrier's Name and Address 190 HAWKINS DR SHELBYVILLE TN 37160 | | | | HAZMAT Proper Shipping Name | | | |
| US DOT# | | | | ICC# | | State DOT# | |
| Vehicle Identification# | | | | CMV Inspection NO | | If Yes | |
| Gross Vehicle Weight Rating 26,001# OR MORE | | | | Cargo Body Type VAN/ENCLOSED BOX, COAL | | | |
| HAZMAT Placard NC | | | | HAZMAT Release of Cargo NO | | HAZMAT 4-Digit ID# | |
| | | | | Hazard Class # | | | |
| Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | | Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| Vehicle Use COMMERCIAL (BUSES, TAXIS, COMMON CONTRACT) | | | | Emergency Run? Fire? NO | | | |
| Vehicle Type TRACTOR/ONE SEMI TRAILER | | | | Pre-Crash Vehicle Action GOING STRAIGHT | | | |
| Direction of Travel NORTH | | | | Type of Primary/Secondary Collision One Way Traffic | | | |
| <input type="checkbox"/> One Lane | | | | <input type="checkbox"/> Two Lanes | | | |
| <input type="checkbox"/> Multi-Lanes (3 or more) | | | | <input type="checkbox"/> Multi-Lane Undivided (3 or more) | | | |
| Collision Crash GUARDRAIL FACE | | | | Non-Collision Crash | | | |

Figure 2.13: M54 crash report #900651904 page 3

CHAPTER 3. BACKGROUND AND HISTORY OF THE INDIANA CRASH DOCUMENTATION AND DSP COST RECOVERY PROCESS

Indiana has a crash documentation process that varies for each INDOT district. Also the state has an

invoicing and collections process managed through the INDOT central office. Each district has developed methods of searching crash reports and recording repairs. This chapter describes INDOT's current processes and establishes a preliminary list of performance measures for evaluation such as

| Michigan Department of Transportation 0443 (06/04) | | REPORT OF DEPARTMENT PROPERTY DAMAGE <small>Information required by Act 17, P.A. of 1925. Failure to supply this information will result in non-payment for service.</small> | | DISTRIBUTION: REGION MAINT. ENGR. YOUR FILES | | |
|--|-------------------------------------|--|--|--|--|-----------------------|
| ACCIDENT/INCIDENT REPORT NUMBER 09-99 | | OWNER/DRIVER RUPERT JOSHUA DAVENPORT | | ACCIDENT DATE 01/11/2009 | | |
| TRUNKLINE NUMBER I 94 BL @ LAKE | | POLICING AGENCY Kalamazoo Twp Police Dept | | | | |
| AGENCY MAKING REPAIRS (List all agencies involved) Kalamazoo Garage | | CONTACT PERSON | | AGENCY PHONE NO. | | |
| WORK COMPLETED, CHECK APPROPRIATE BOX: | | | | | | |
| <input type="checkbox"/> Repair guardrail, Total guardrail length _____ ft <input type="checkbox"/> Repair sign <input type="checkbox"/> Other repair _____ <input type="checkbox"/> Replacement of entire guardrail system <input checked="" type="checkbox"/> Total sign replacement <input type="checkbox"/> Other total replacement _____ | | | | | | |
| CHECK APPROPRIATE BOX: <input checked="" type="checkbox"/> Repairs/replacement to damage caused by the above accident have been completed. <input type="checkbox"/> Below is an estimated cost of damage caused by the accident above. <input type="checkbox"/> Damage previously reported. | | | | | | |
| Labor | INSTALLER BY SHOP IDENTIFIER NUMBER | | DATES WORKED | HOURS | RATE | DIRECT LABOR CHARGES |
| | tmw8 | | 2-9-09 | 2.00 | \$20.67 | \$41.34 |
| | tmw7 | | 2-9-09 | 2.00 | \$19.47 | \$38.94 |
| | | | | | | \$62.01 |
| | | | | | | \$62.01 |
| | | | | | DIRECT LABOR COST TOTAL | \$80.28 |
| Equipment | NUMBER OR DESCRIPTION | | DATES WORKED | HOURS | RATE | DIRECT EQUIP. CHARGES |
| | 04-0384 | | 2-9-09 | 2.00 | \$17.04 | \$34.08 |
| | | | | | | |
| | | | | | DIRECT EQUIPMENT COST TOTAL | \$34.08 |
| Materials | ITEM DESCRIPTION | | UNIT | COST/UNIT | DIRECT MATERIAL CHARGES | |
| | 16' Steel post | | | | | \$87.00 |
| | sign do not enter | | | | | \$68.00 |
| | sign wrong way | | | | | \$58.00 |
| | bolts, plates, etc. | | | | | \$1.82 |
| | | | | | DIRECT MATERIAL COST TOTAL | \$214.82 |
| | | | | | TOTAL DIRECT COSTS | \$329.18 |
| INDIRECT COSTS | | | | | | |
| FRINGE BENEFIT % | | 85.78 % x | DIRECT LABOR COST TOTAL | | \$80.28 = | \$68.86 |
| MATERIAL HANDLING % | | % x | DIRECT MATERIAL COST TOTAL | | \$214.82 = | |
| OVERHEAD % | | 28.73 % x | TOTAL DIRECT COSTS | | \$329.18 = | \$94.57 |
| | | | | | TOTAL INDIRECT COSTS | \$163.43 |
| | | | | | TOTAL COST (TOTAL DIRECT COSTS + TOTAL INDIRECT COSTS) | \$492.61 |
| SIGNATURE | | | TO BE FILLED OUT BY ARU ONLY | | | |
| TITLE | | | LESS DEPRECIATION (On Replacement Cost Only) | | \$ | |
| DATE | | | MAIN OFFICE CHARGE | | \$ | |
| | | | GRAND TOTAL | | \$ | |

Figure 2.17: Example Michigan repair costing worksheet

3.2.1. Crawfordsville District Process

The Crawfordsville district starts the crash repair cost recovery process with a crash database query for its counties. Figure 3.1 illustrates the general process. The roadways in the query that are not within district

boundaries are disregarded. The district queries the database approximately monthly and distributes the crash reports to the appropriate sub-districts for field investigation; an example of the query is shown in Figure 3.2. The crash query filters crash reports using the “state property indicator” field.

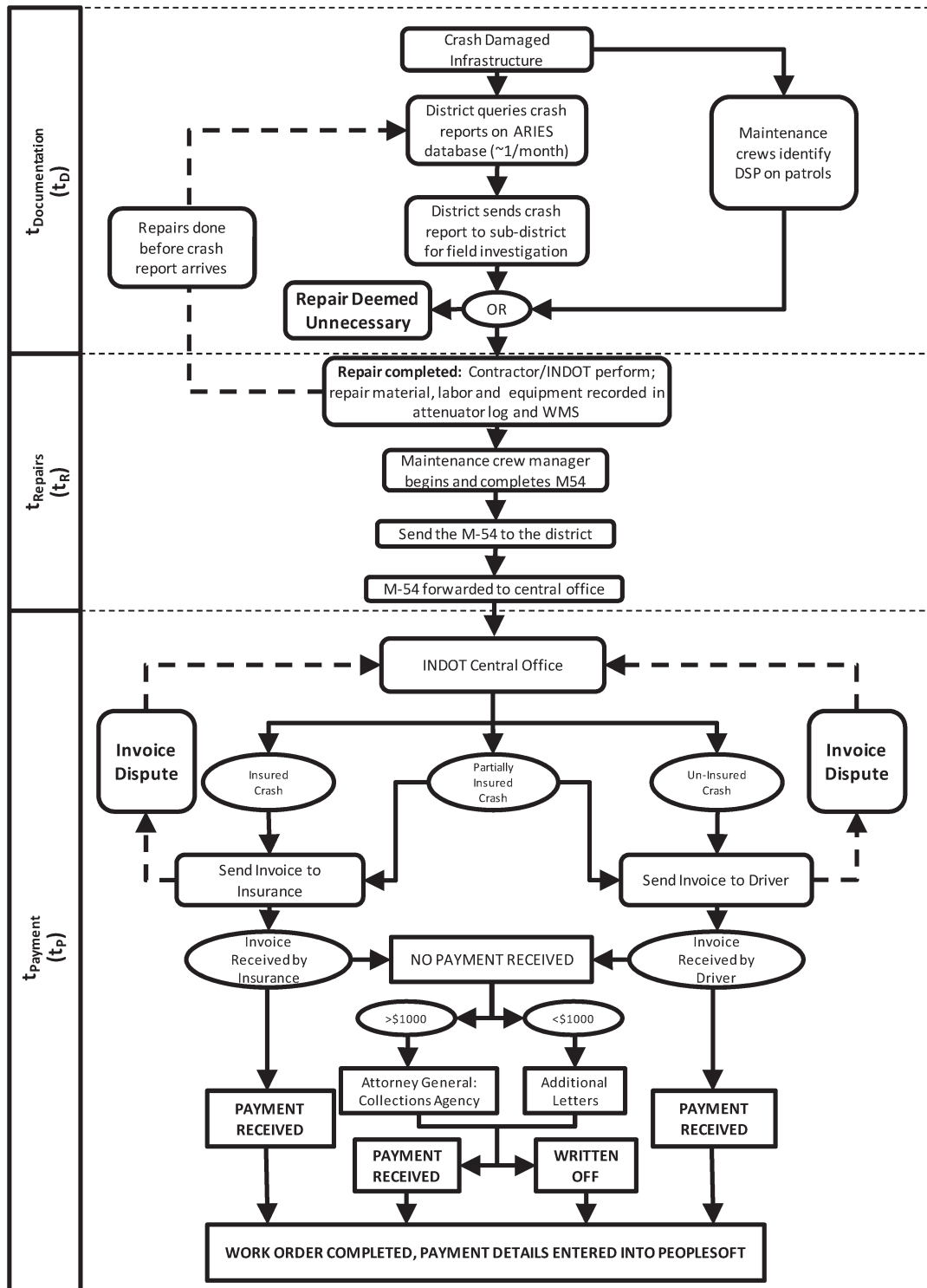


Figure 3.1: General Crawfordsville crash repair reimbursement process

Section 3.4 of this report. The M54, now complete with the repair costs, has the crash report attached and sent back to the district office and forwarded to the INDOT central office.

3.2.2. Fort Wayne District Process

The Fort Wayne district process begins with the maintenance crews. The unit foreman is supplied with a camera to document DSP and assess repairs. The photos are included with the M54 documents sent to the

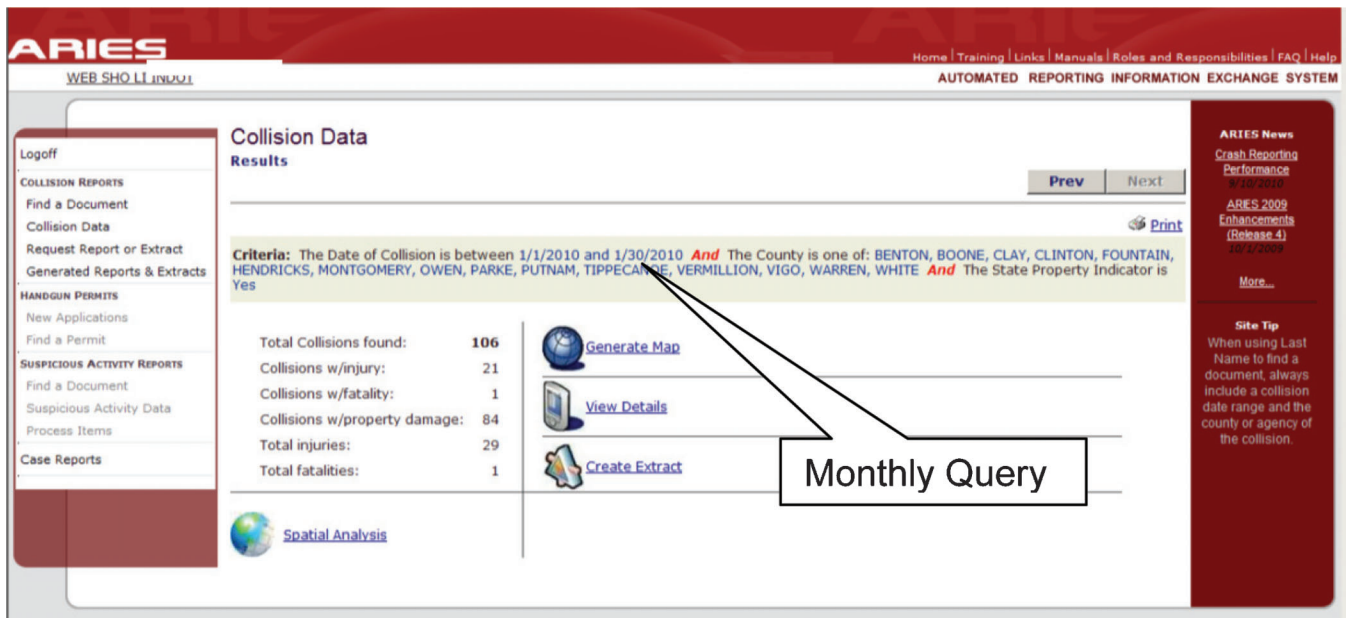


Figure 3.2: Monthly query by Crawfordsville district

TABLE 3.1:
Data Sources for Figures and Statistics

| | Description | Source | Time Period |
|---|---|---------------------------|-------------------------------------|
| 1 | PeopleSoft Accounting Log | INDOT Central Office | Invoices Sent 6/30/1999 – 3/17/2010 |
| 2 | PeopleSoft Accounting Log: District Categorized | INDOT Central Office | Invoices Sent 2/22/2010 – 3/3/2010 |
| 3 | SQL Database of Indiana Crashes: Driver Insurance Information | Traffic Management Center | 1/1/2010 – 8/10/2010 |
| 4 | SQL Database of Indiana Crashes: State Property Information | Traffic Management Center | 1/1/2010 – 4/10/2010 |

INDOT central office. Figure 3.3 provides example pictures from the Fort Wayne district of a crash site with DSP. The first photo shows the DSP prior to repair and includes a timestamp which helps narrow the crash query time range. The second photo provides visual evidence of the labor and equipment necessary to repair the DSP. The third photo illustrates the repaired condition of the state property in contrast to the first photo.

The M54s are completed by maintenance crews prior to receiving a crash report. The crash report is searched after the repair is done and the M54 is received. The district crash report query uses the counties of the crash site, date range, and state property indicator to search the crash site. In cases of larger guardrail or attenuator crashes, a contractor repairs the DSP as directed by INDOT district personnel.

3.2.3. Indianapolis Sub-district Process

The Indianapolis sub-district is unique from other sub-districts because its jurisdiction covers an entire county (Marion). The roadways in this county have high traffic volumes and a significant amount of state-owned infrastructure. The sub-district secretary queries the crash database a few times each week for the past week's time range to allow a crash report to be entered

into the database. The crash database query criteria only includes Marion County and date range. Such a query results in several crash reports to read as shown in Figure 3.4.

The secretary views the roadway details from the query results (Figure 3.5), and selects only INDOT roadways (interstates, state highway, and US routes) to access. In the example, this step reduces the crash reports from 605 to 135. The secretary then reads the crash narrative and other details to determine if the crash site merits a field investigation for DSP. An example of a crash report narrative is presented in Figure 3.6.

The Indianapolis sub-district's perspective differs from a district's because its scope of responsibility is narrower. The number of crashes reviewed each week decreases in the summer months, but is still extensive. The volume of crash reports for a district to review makes this type of query effort very difficult to scale statewide.

3.2.4. Cost Recovery Process Practices

The crash repair cost recovery process continues with the INDOT central office after crash documentation is completed for invoices and collections. After receiving the M54s from the districts, the INDOT central office



a) Crash damage before repair



b) Repair Activity showing labor and equipment



c) Repaired crash attenuator

Figure 3.3: Example of crash damage and repair photo documentation with time stamp

records the driver's information and repair details into PeopleSoft. The recovery process continues as follows:

- The driver is sent an invoice and if requested, the driver's insurance company.
- the INDOT central office negotiates with drivers and insurance companies for invoice disputes.
- If there is no payment within 90 days and the repair amount is
 - over \$1000, then the account is sent to the Attorney General who files a suit or employs a collections agency to pursue the amount.
 - under \$1,000, then INDOT central office continues to send the driver additional letters.
- The Attorney General notifies the INDOT central office when they have collected on an account.

- The invoice and collections records are stored and updated in PeopleSoft.

The collections are deposited in the state highway general fund.

3.3. Indiana Crash Repair Cost Recovery Performance Measures

The practices and processes of each district can be evaluated by performance measures such as

- duration time between the date of crash (DOC) and M54 date
- duration time between the M54 date and the invoice date.
- Invoice and collection amount comparison (yield percentage)
- Aged receivable distribution

Figure 3.7 combines the first two performance measures. The duration time from the M54 date to the invoice should be similar on any calendar date because the INDOT central office processes the invoices for all districts; however there is variability in forwarding the M54 from the repair crews to the INDOT central office. For instance, Fort Wayne district has the crash reports searched once the M54 is completed, while Crawfordsville wait to begin the M54 after the crash report has been associated to the damage. In Fowler sub-district, the attenuator log is filed until a crash report arrives from district to associate to the crash. The attenuator log sheets have a damage report field that indicates when the damage was first sited. Figure 3.8, Figure 3.9, and Figure 3.10 separate the invoice count by when the crash date, M54 date, and invoice date are recorded. The districts had varying backlogs of invoices for each time period. It was observed that Greenfield had the largest sample of invoices (322) and the majority of the crashes occurred in the past six months. This hints that their system is current processing the crashes with DSP. The second highest sample was in the Fort Wayne district; the graphs show the majority of their invoices were from crashes in 2008. The Crawfordsville and Vincennes District sent the fewest invoices, 74 and 85 respectively, in this time period (2/22/2010 – 3/3/2010).

One detail noteworthy by its absence is a missing expected spike in invoices sent for crash dates in the winter months (December, January, and February); this trend is only seen in the Fort Wayne and Greenfield districts in Figure 3.8. The INDOT central office has either invoiced the crashes from the winter season already or the M54s/invoices were being prepared when the data was received. These figures on a sub-district, district, and statewide level guide the crash repair cost recovery managers to evaluate the progress of each step of the process. The data used to generate the previously mention figures is limited to one group of invoices. This skews the graphs to show less processing time for recent months because delayed M54s for that time period have not yet been received. A sample size for a longer time

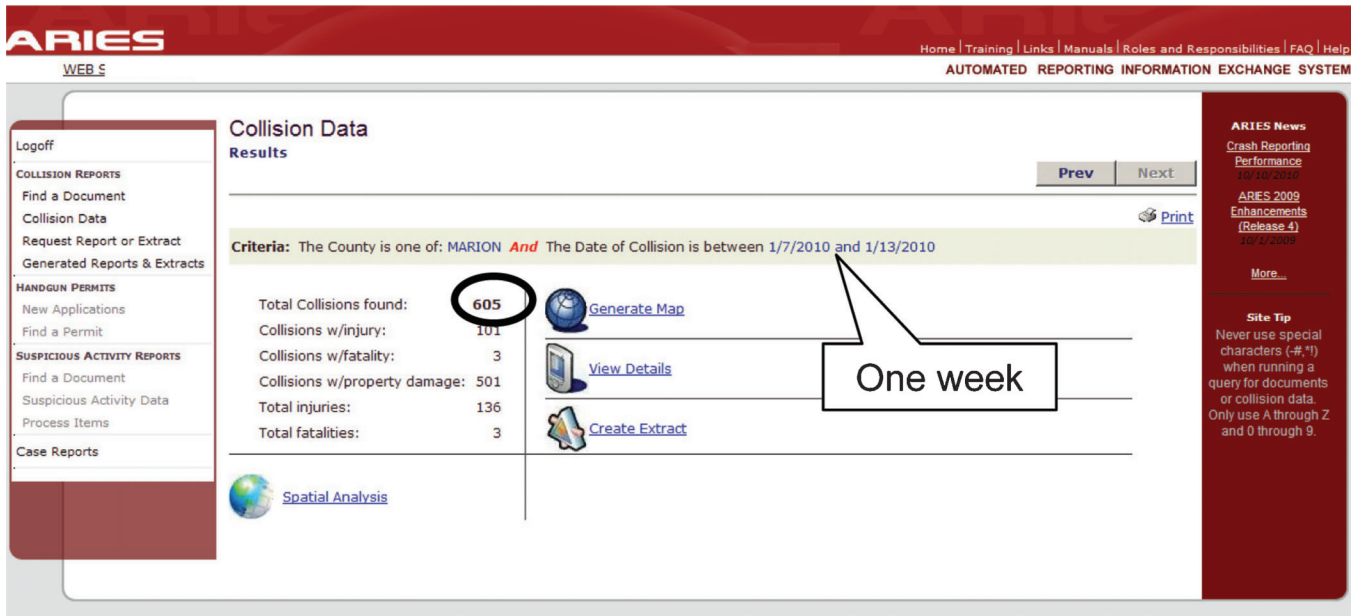


Figure 3.4: ARIES crash database query web interface

| | MASTER RECORD NUMBER | COLLISION DATE | LOCAL CODE | AGENCY | COUNTY | PRIMARY FACTOR | ROADWAY | NUMBER DEAD | NUMBER INJURED |
|--|----------------------|----------------|------------------|---------------------|--------|---|---------------|-------------|----------------|
| view buy | 901259333 | 1/7/2010 | I100071654 | INDPLS METRO PD | MARION | UNSAFE BACKING | BRENNHAVEN CT | 0 | 0 |
| view buy | 901255825 | 1/7/2010 | 5220100107115822 | ISP INDIANAPOLIS 52 | MARION | SPEED TOO FAST FOR WEATHER CONDITIONS | I70E | 0 | 1 |
| view buy | 901257063 | 1/7/2010 | I100071400 | INDPLS METRO PD | MARION | RAN OFF ROAD RIGHT | 10TH ST | 0 | 0 |
| view buy | 901257110 | 1/7/2010 | I100070414 | INDPLS METRO PD | MARION | ROADWAY SURFACE CONDITION | W 56TH ST | 0 | 0 |
| view buy | 901257114 | 1/7/2010 | I100070458 | INDPLS METRO PD | MARION | RAN OFF ROAD RIGHT | E 46TH ST | 0 | 0 |
| view buy | 901257115 | 1/7/2010 | I100070657 | INDPLS METRO PD | MARION | ROADWAY SURFACE CONDITION | KENTUCKY AVE | 0 | 0 |
| view buy | 901259358 | 1/7/2010 | 5220100107131003 | ISP GHQ 99 | MARION | UNSAFE SPEED | I465S | 0 | 0 |
| view buy | 901259732 | 1/7/2010 | 100113 | LAWRENCE PD | MARION | ROADWAY SURFACE CONDITION | US36E | 0 | 0 |
| view buy | 901254905 | 1/7/2010 | 5220100107130802 | ISP INDIANAPOLIS 52 | MARION | OVERCORRECTING/OVERSTEERING | I465E | 0 | 0 |
| view buy | 901259730 | 1/7/2010 | 100111 | LAWRENCE PD | MARION | RAN OFF ROAD RIGHT | SUNNYSIDE RD | 0 | 1 |
| view buy | 901254942 | 1/7/2010 | 5220100107074313 | ISP GHQ 99 | MARION | OTHER (ENVIRONMENTAL) - EXPLAIN IN NARR | SR37N | 0 | 0 |
| view buy | 901259824 | 1/7/2010 | 5220100107132210 | ISP INDIANAPOLIS 52 | MARION | SPEED TOO FAST FOR WEATHER CONDITIONS | I70E | 0 | 0 |

Figure 3.5: ARIES crash database preliminary view of each crash (12 shown of 605)

Narrative

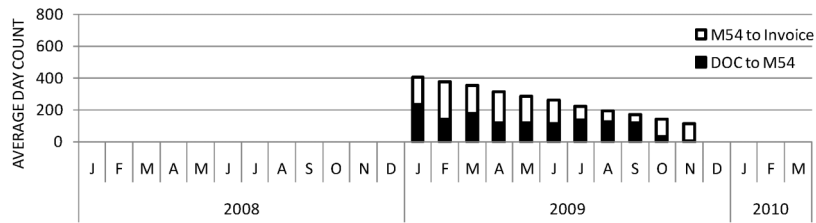
Drive 1 states that she was traveling eastbound on I 465, near the 4.6 mile marker. Driver 1 states that while traveling in the far right lane, she began to lose control of vehicle due to the snowing weather and snow build up on the interstate. Vehicle 1 then traveled onto the right shoulder of eastbound I 465, then striking the barrier wall. This cause no damage to the barrier wall, but did cause damage to the right rear of vehicle 1, and causing the right rear tire to become separated from vehicle 1. Vehicle 1 and the right rear tire came to rest on the right shoulder. Driver 1 and passenger had no complaints of pain.

Figure 3.6: Crash report narrative

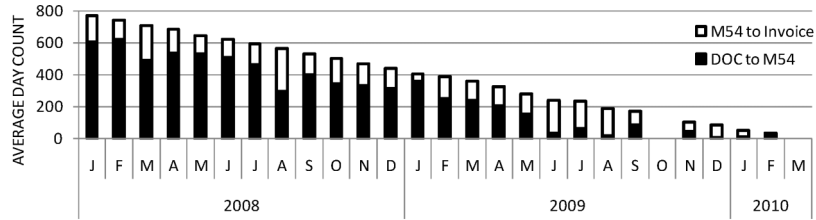
range is needed to give an accurate portrayal of true M54 processing time.

Additional data was received towards the end of this report that does show improved processing time,

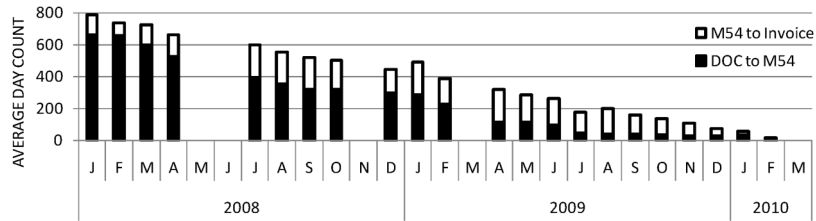
although M54s are still arriving for recent months. Figures. 3.7 – 3.10 can be compared to Figures 3.11 – 3.14 to compare performance. Greenfield continues to show a high invoice count amount (551).



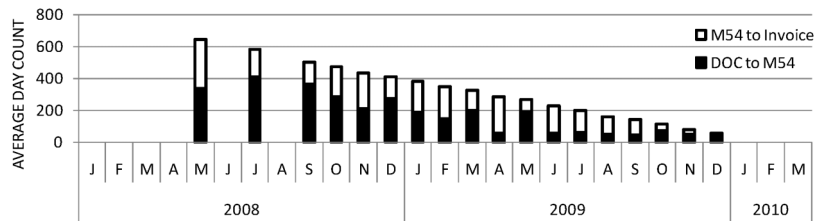
a) Crawfordsville (n=74)



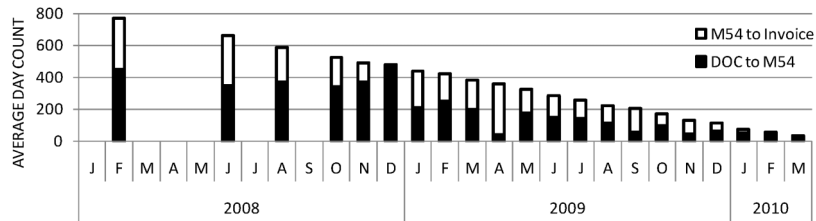
b) Fort Wayne (n=171)



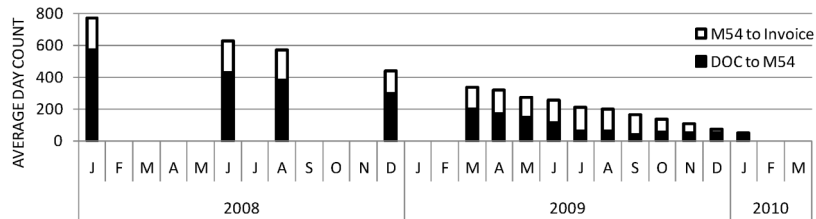
c) Greenfield (n=322)



d) LaPorte (n=112)



e) Seymour (n=103)



f) Vincennes (n=85)

Figure 3.7: Average number of days between crash date and invoice categorized by crash date (invoices sent between 2/22/2010 – 3/3/2010)

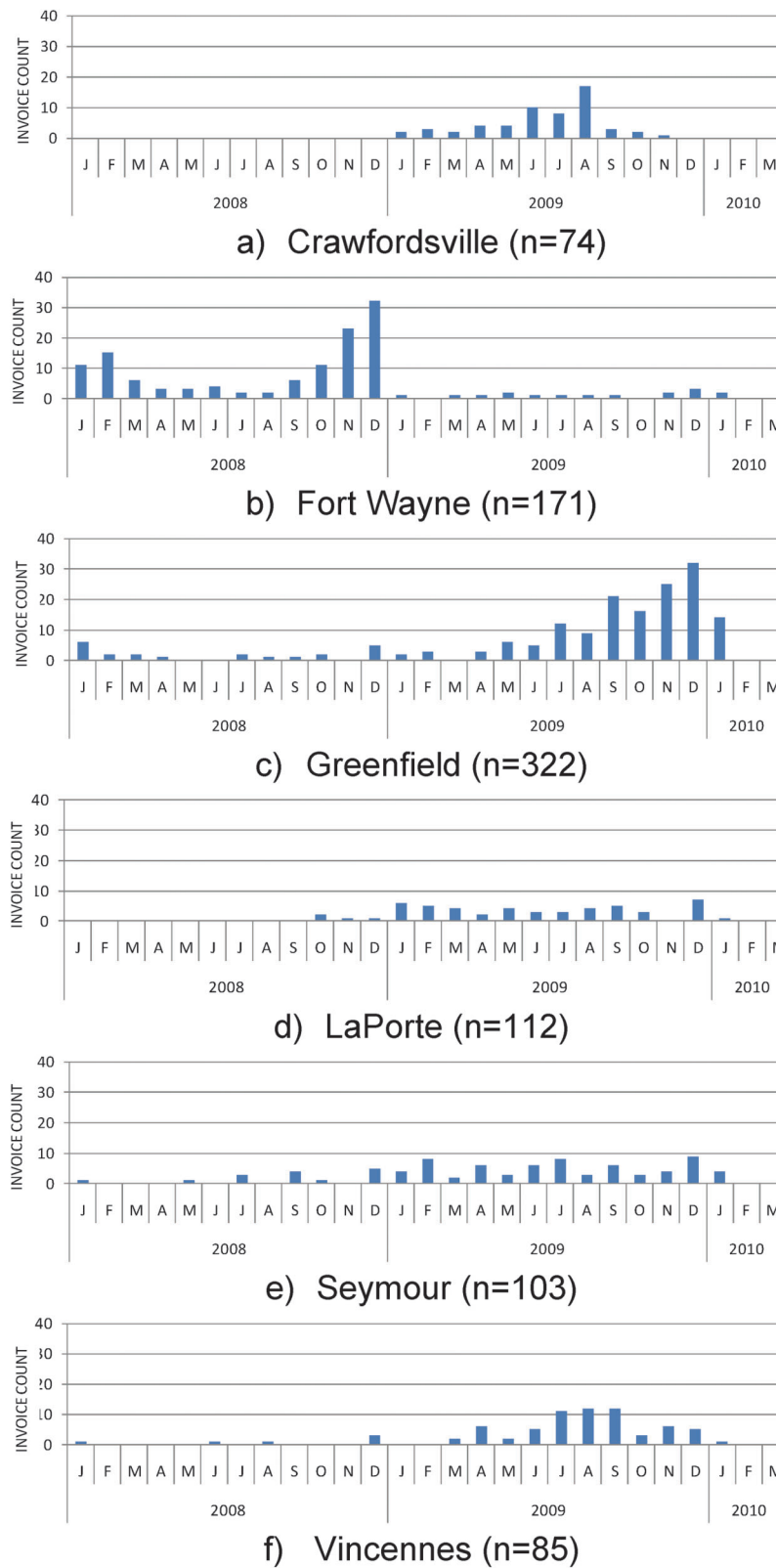


Figure 3.8: Count of invoices categorized by crash date (invoices sent between 2/22/2010 – 3/3/2010)

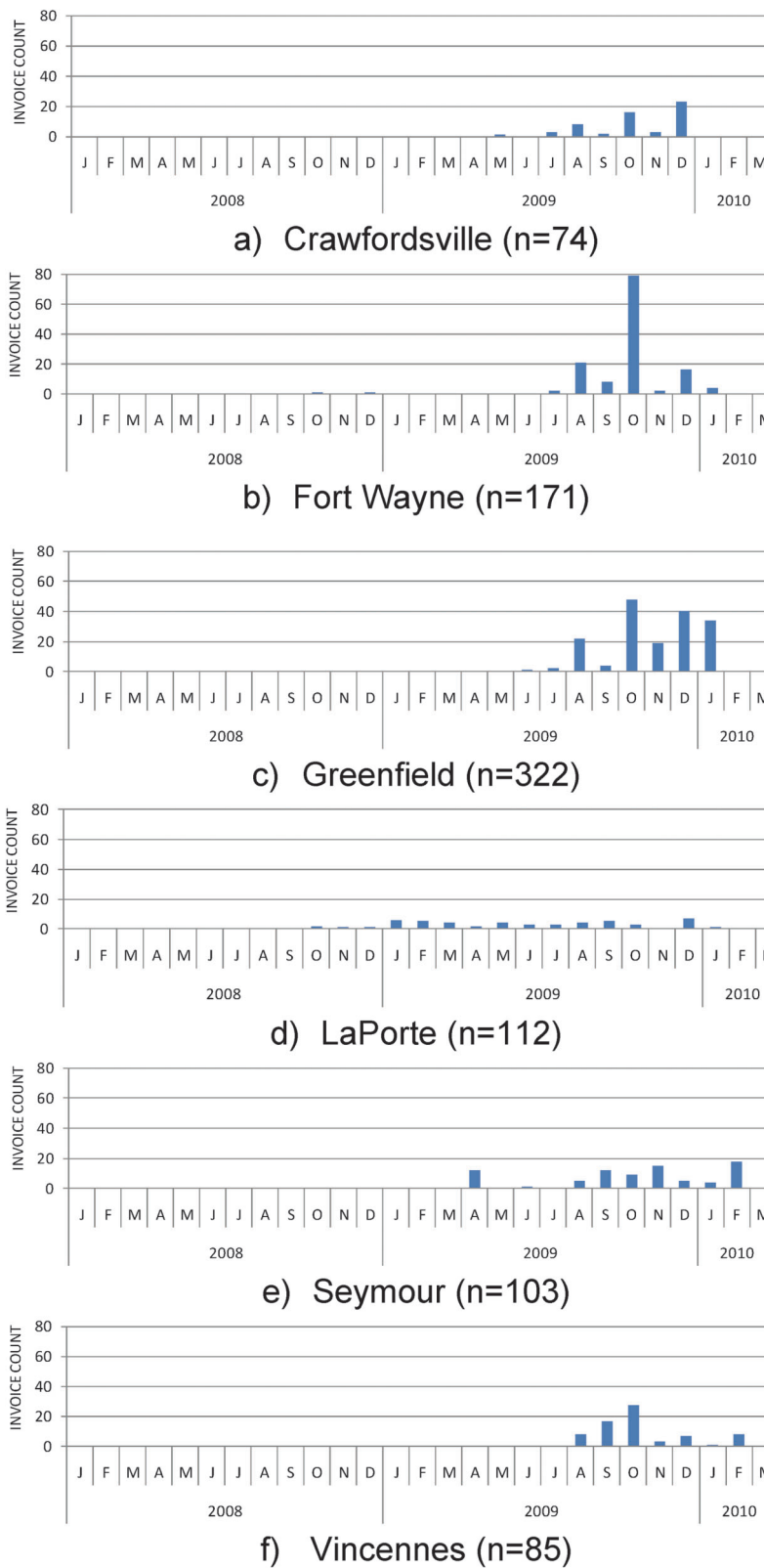


Figure 3.9: Count of invoices categorized by M54 date (invoices sent between 2/22/2010 – 3/3/2010)

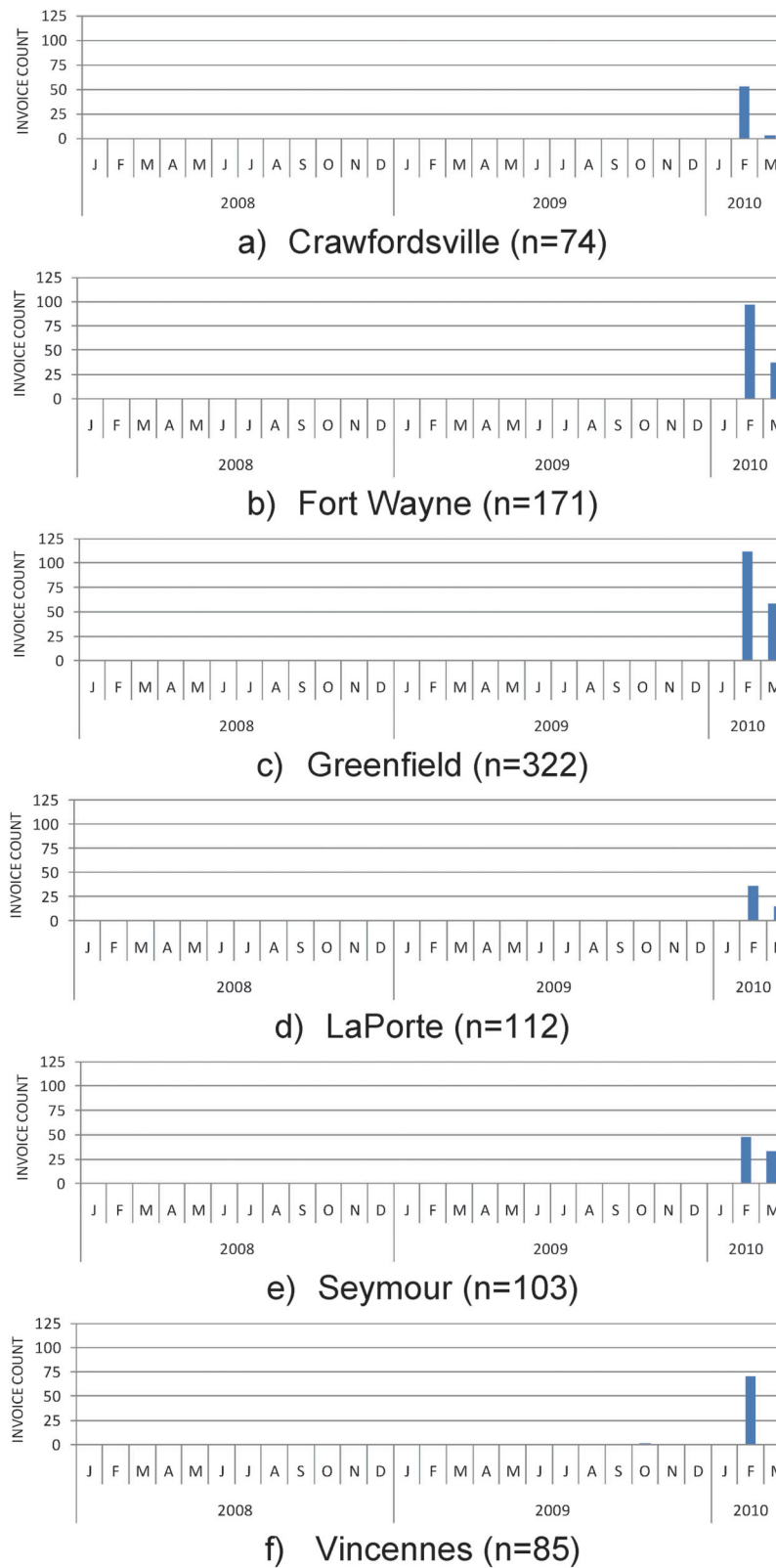


Figure 3.10: Count of invoices categorized by invoice date (invoices sent between 2/22/2010 – 3/3/2010)

3.3.1. Collections Record

The state property damaged can vary from a small traffic sign to an entire bridge. As such, the value of the damage varies greatly. Figure 3.11 demonstrates that ~10% of the repairs are over \$2,538 and 50% are below \$419; the figure has the invoices ranked by amount. An invoice of \$419 or less is typical for a few posts of cable-median barrier, a few signs, minor guardrail dent, or other quick replacements. The invoices in the top 10% of cost repair account for 56% of the total invoice amount. Excluding the \$695,000 repair due to a crane collision with a bridge, the top 10% cost repairs are observed to account for 51% of the total invoice amount.

The collections record was shown in Figure 2.6 of Chapter 2, and the overall collection amount average is approximately 51% of the invoice amount for 2008 and 2009. Excluding collection amount months with collections lower than \$10,000, the monthly average is approximately 60%.

The responsible parties have a high probability of owning insurance as shown in Figure 3.16. The TMC query about the driver's insurance company does not include the possibility of the driver providing incorrect or out-of-date insurance information at the time of the crash.

3.3.2. Invoicing and Collection Patterns

It is difficult to determine trends in invoice volume from only two years of invoice data. From Figure 3.17, there does not appear to be any seasonal patterns, only sporadic bursts throughout the years. The only exceptions could be, October and April, which show a consistently higher volume than other months and December is consistently low. There are months that show few invoices sent for the entire month; such as February 2008 (2), September 2009 (1), and January 2010 (9). This study brought focus on the crash repair cost recovery process, and significant improvements occurred in February and March 2010. The number of invoices sent during this time, 889, is over 60% of the 1444 billed in 2009.

Most collections are received within 30 days after they are sent. Figure 3.18 shows that 551 collections occurred within 30 days of the invoice for year 2008, equaling 58% of the total collection claims. The median collection time for invoices is 41 days even though no early payment incentives are practiced to encourage prompt collections. Payment incentives and collection techniques implemented by peer states are discussed in Chapter 4.

3.4. Current Forms: M54, Log Sheets, Crash Report, WMS (timecard)

The forms of the crash repair cost recovery process document repair details. They provide the evidence to accurately identify and invoice the responsible parties

for the fully-loaded repair costs. Where there exist any discrepancies or uncertainty in document information, the ability to associate the damage to a crash decreases and the insurance company or driver has more leverage to dispute the invoice.

The M54 form is the critical document of the crash repair cost recovery process because it provides an itemized list of the repair costs for the driver and insurance company. In addition to the repair costs, the form contains the crash, repair and M54 report dates, crash location details, the driver, and the repair manager as shown in Figure 1.4 in Chapter 1. The M54 has a section labeled "type of material;" this section also includes the equipment and labor effort in the majority of the M54s despite being designated for only materials. A private contractor is paid by the material quantities because the labor and equipment fees are included in the material cost. Therefore, an M54 for a contractor only lists material items while an INDOT in-house repair will include the materials, equipment and labor.

The crash report is significant to the crash repair cost recovery process because it records the driver's contact information and the location of the damage. A crash report typically contains at least 3 pages; an example crash report is seen in Figure 2.11 – Figure 2.13. Fields relevant to the M54 in the crash report in page one (Figure 2.11) are the crash date, crash location details, and state property. The second page (Figure 2.12) contains a narrative of the crash, which indicates the responsible party if two vehicles are involved. The third page (Figure 2.13) contains the driver's contact information, their insurance information, vehicle description, and with what property they collided. Additional pages include another vehicle involved in the crash or details of passengers injured in the crash.

The attenuator log (Figure 3.19) is used in some INDOT units and is an electronic version of the field attenuator log (Figure 3.20) and associates a cost to the quantities recorded in the field. The work management system timecard (Figure 3.21) also uses the field attenuator log to allocate the work of each laborer for the day. The attenuator log and timecard forms are used in the LaPorte and Crawfordsville process and outline the cost recovery processes occurring before the M54 is created.

3.5. Conclusions

INDOT has crash repair recovery processes that vary throughout each district. Crawfordsville queries crash reports monthly, Fort Wayne doesn't search crash reports until the M54 is completed, and the Indianapolis queries crash reports several times a week. For documentation, Fort Wayne takes pictures of the damage and repairs.

Analyzing the invoice amounts showed that the top 10% of invoices account for 56% of the total invoice amount and over 50% of the invoices are below \$419.

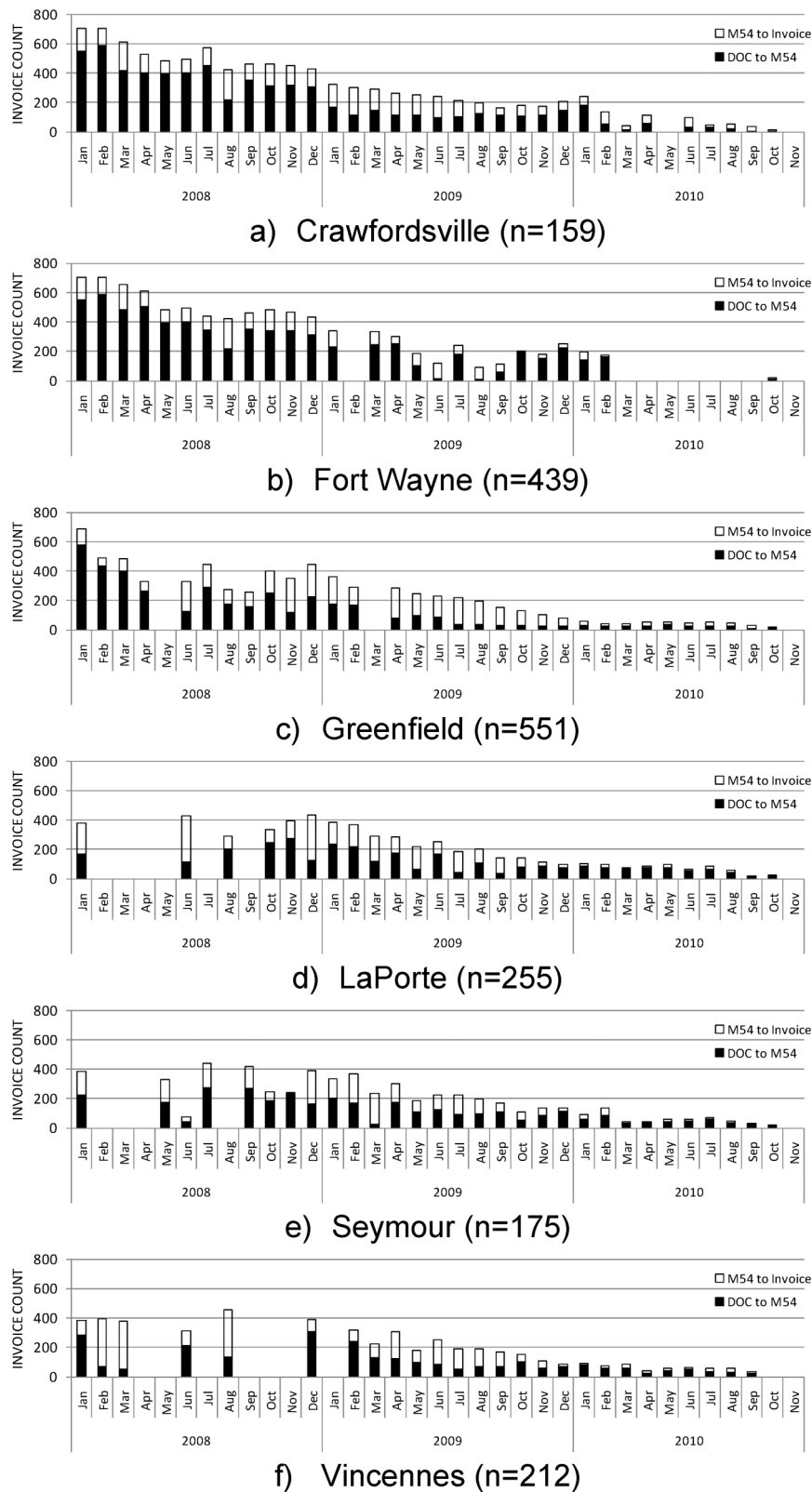


Figure 3.11: Average number of days between date of crash (DOC) and invoice categorized by crash date (invoices sent between 2/22/2010 – 11/19/2010)

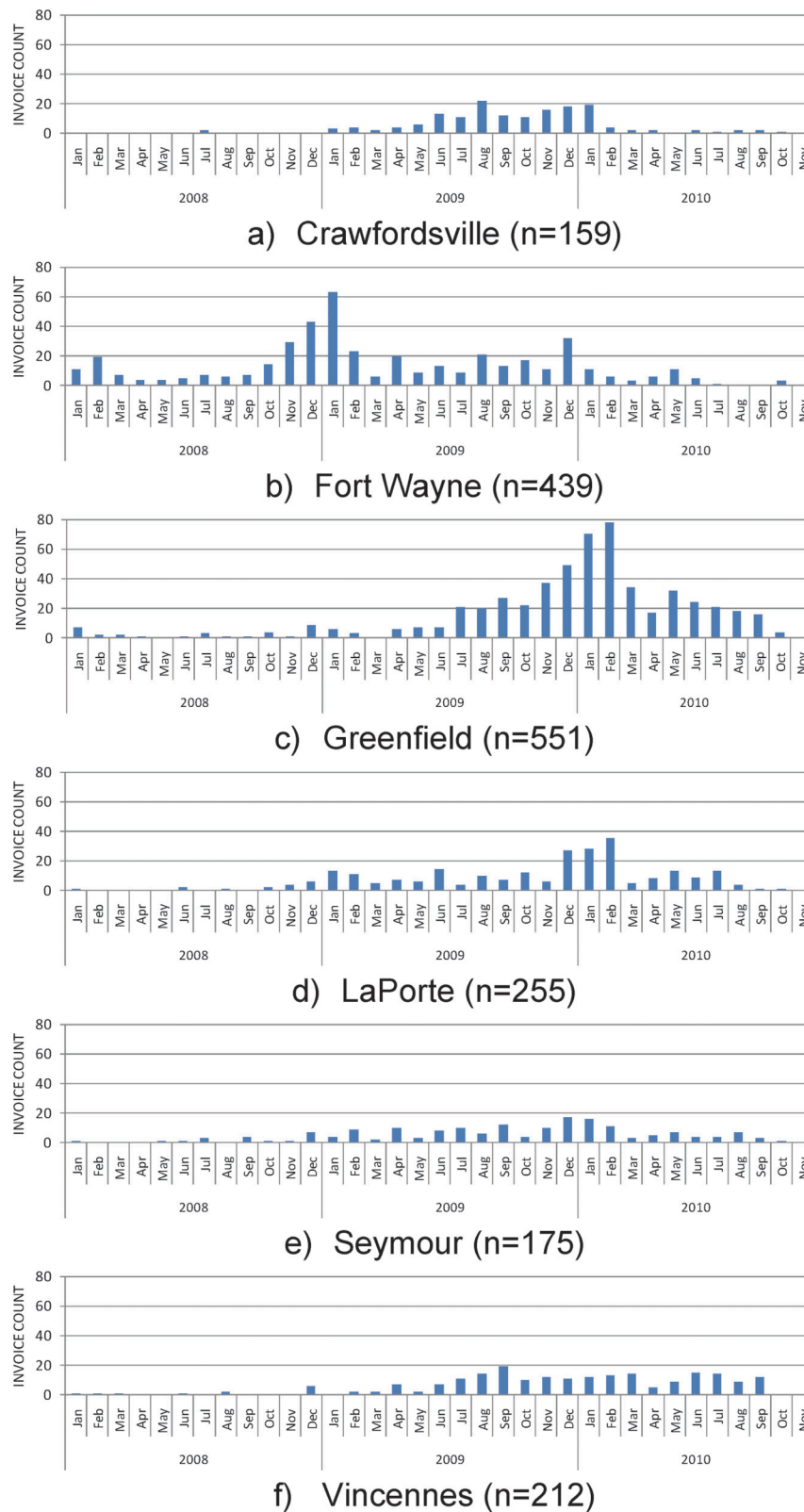


Figure 3.12: Count of invoices categorized by crash date (invoices sent between 2/22/2010 – 11/19/2010)

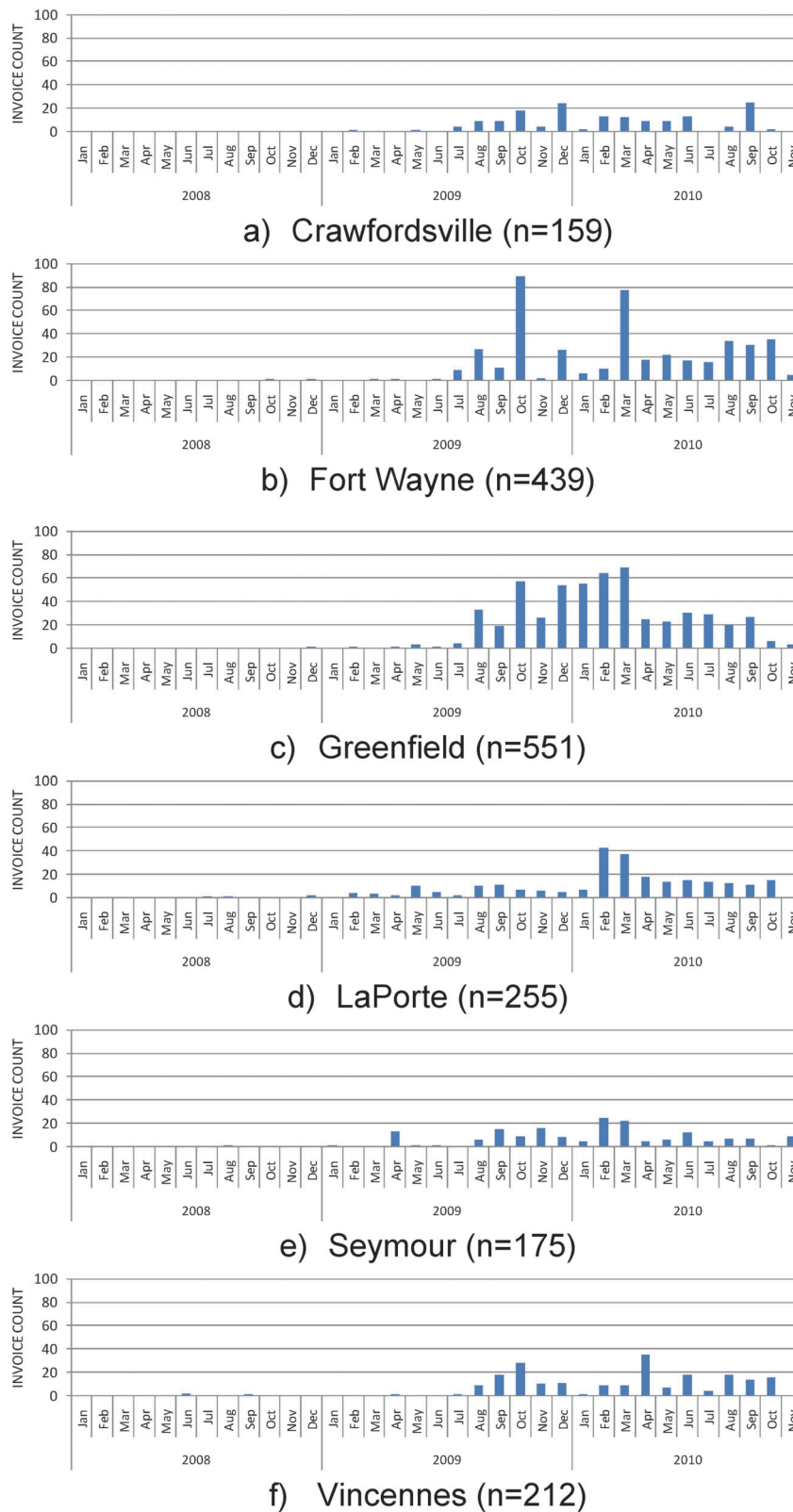
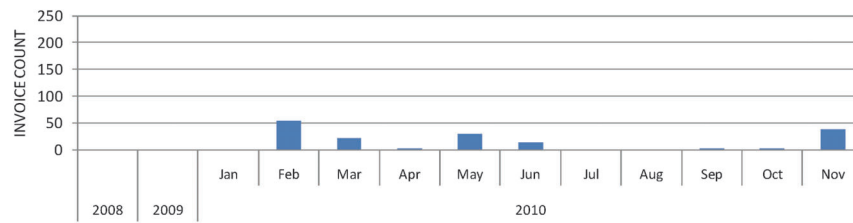
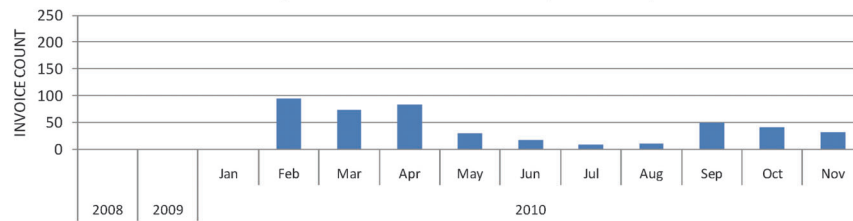


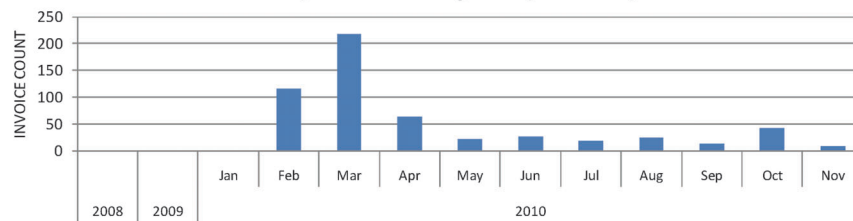
Figure 3.13: Count of invoices categorized by M54 date
(invoices sent between 2/22/2010 – 11/19/2010)



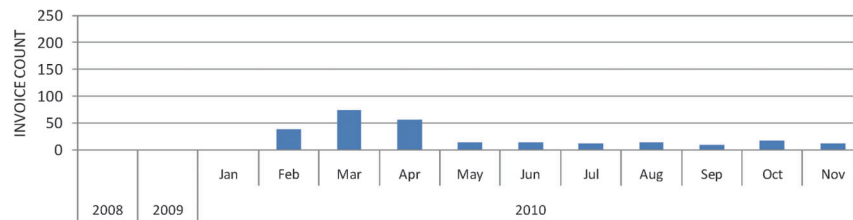
a) Crawfordsville (n=159)



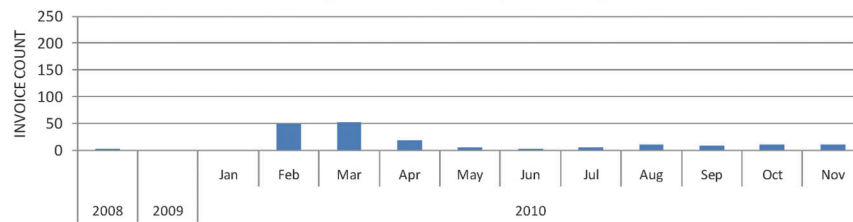
d) Fort Wayne (n=439)



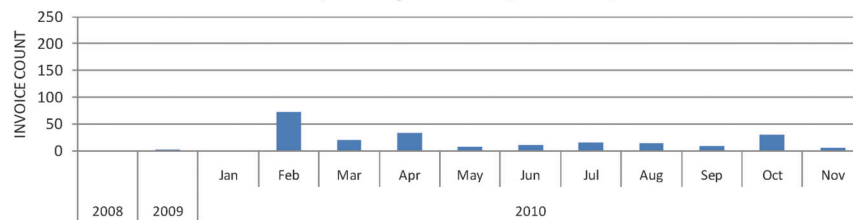
b) Greenfield (n=551)



c) LaPorte (n=255)



d) Seymour (n=175)



e) Vincennes (n=212)

Figure 3.14: Count of invoices categorized by invoice date
(invoices sent between 2/22/2010 – 11/19/2010)

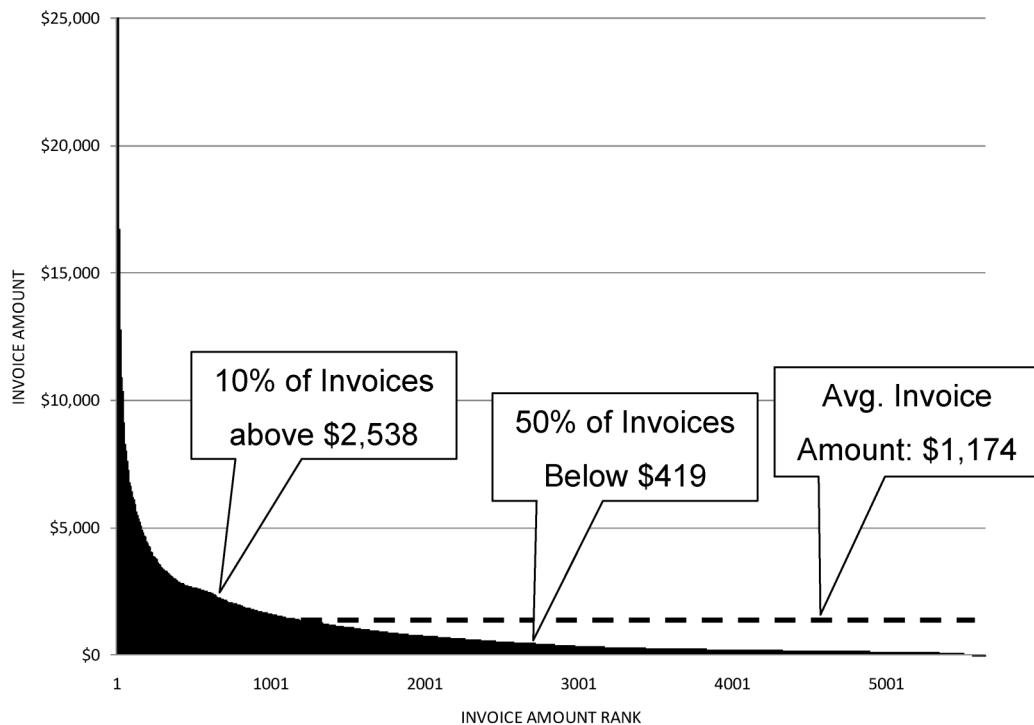


Figure 3.15: Distribution of invoice amounts for INDOT database (n = 5,646) 6/30/1999 – 3/17/2010

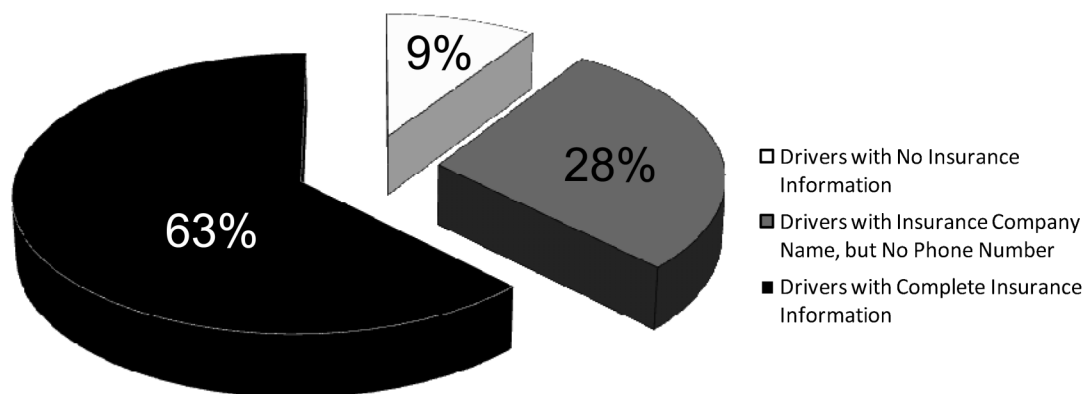


Figure 3.16: Insurance rate based on DSP crashes in Indiana (n = 2,313)
(1/1/2010 – 8/6/2010)

These methods and statistics are considered in developing practices for INDOT as discussed in Chapter 5.

CHAPTER 4. SYNTHESIS OF CRASH DOCUMENTATION AND COST RECOVERY PROCESSES BY PEER STATES

This study gathered and evaluated peer states' reimbursement practices and processes for damage to state property. Other states encounter similar challenges in documenting and recovering the repair costs for crashes with DSP. The crash repair recovery process practices discussed in the peer states include:

- the administration structure
- the mechanism to initiate the crash repair cost recovery process
- marking damage to state property
- including administration, overhead, fringe, or other fees in the invoice
- penalties for late or no payment
- notification of an imminent invoice to the driver and/or insurance company
- collection practices

A survey was e-mailed to all US state transportation and highway agencies in May 2010 and a second survey was sent in July 2010. The May survey had 41

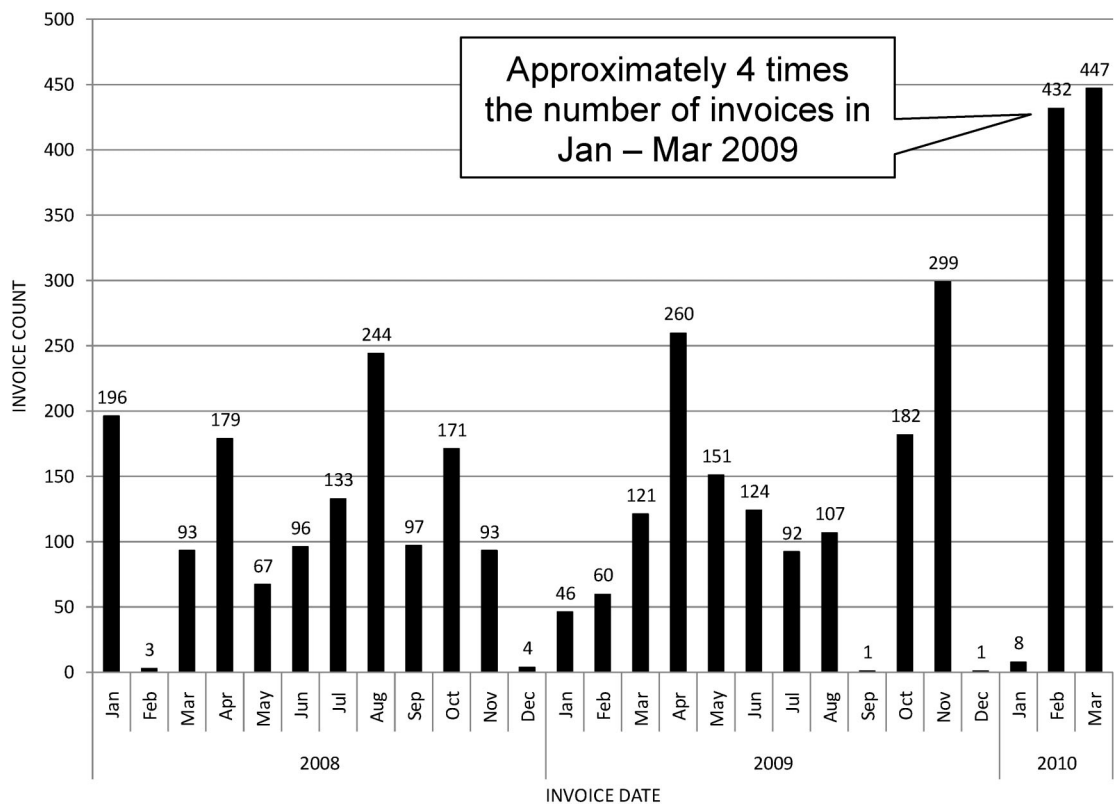


Figure 3.17: Total invoices sent categorized by invoice date (1/1/08 – 3/22/10) (n=3,707)

participants and the July survey had 13 participants (Figure 4.1). There is some variation in the sample size for upcoming figures because survey participants did not complete all survey questions or provided additional information.

4.1. Administrative Structure in Agencies

The administration structure of the crash repair cost recovery process varies in other state highway and transportation agencies from only one person to an entire risk management department. Based upon webinar dialogue with these states, we felt that states that developed greater ownership in the administrative structure understood their processes at all levels, responded promptly to crashes with DSP, and obtained the highest collections percentage.

A one-person administrative structure is found in Nebraska, Oregon, Rhode Island and New York (one person/region).

- Nebraska Department of Roads has an individual query the records for the entire state and sends out invoices.
- The Oregon Department of Transportation coordinates the maintenance crew repairs with police dispatch through one individual. Oregon does not have a crash report database and retrieves the crash reports from the law enforcement agency when they are called to a crash site.
- Rhode Island recovers repair cost using one person to run a software system that enables crash database queries unavailable to INDOT, such as specific crash narrative

words or phrases. It also tracks each claim's stage in the recovery process to automatically send reminder e-mails when the process has passed target time periods for a given stage.

- New York has an accident recovery program that consists of one individual accountable to manage operations for one region of the state. This state gives an example how a larger state can use a one-person administration structure in a large population state of eleven regions.

The administrative structure in Alabama, Louisiana, Utah, and Pennsylvania is a risk management department. The risk management department of Alabama is comprised of a group of attorneys that sends invoices and pursues collections. The states using such departments are responsible for the post-repair processes and have little contact with personnel who document the crashes. This organizational structure appeared to be more prevalent across the states, but appeared less efficient in recovering costs because the staff that documents the crash damage are separate from those that repair the damage.

4.1.1. Involving the Private Sector in Administration

There are two exceptions in using a public agency to repair damage, send invoices, and pursue collections in the crash repair cost recovery process; Oklahoma and Massachusetts. Oklahoma hires a consultant, to create invoices and track collections for crashes with DSP. The consultant does this using the crash report narratives and

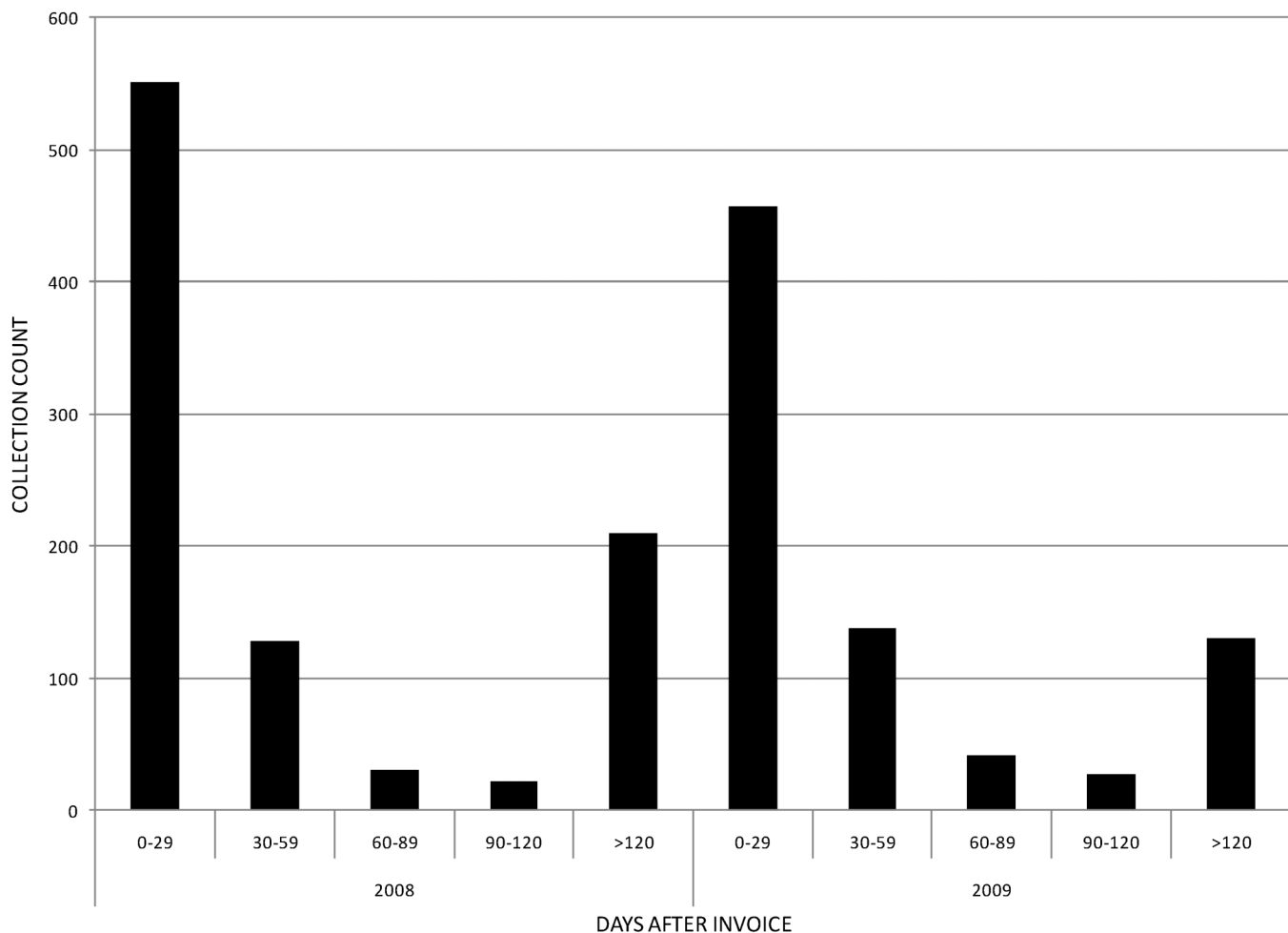


Figure 3.18: The distribution of time invoices aged receivables (n= 1,737)

other fields without visiting the crash site, and then negotiates with the driver and/or insurance companies if necessary. A fee for the consultant's work is included on the invoice. Advantages of this system include reduction of delay (the invoice is sent 1 - 2 weeks after the crash date) and reduction of administration and overhead costs on documentation process; a disadvantage is that it was not clear Oklahoma was recovering the true repair costs.

The Massachusetts Department of Transportation's (MassDOT) system requires the insurance company to select an approved contractor and pay the contractor directly for the repair. MassDOT has established a shortlist of prequalified contractors for state property repairs. When a crash with DSP occurs and does not need to be repaired within two days, a scope of work is prepared by MassDOT for the driver and/or insurance company to put out to bid for the prequalified contractors. The driver and/or insurance company selects the contractor of their preference, receives approval from MassDOT to work and then the contractor is paid by the driver and/or insurance company. This system saves Massachusetts from sending invoices and collecting while providing a competitive bid process for the responsible party of

the crash damage. In cases where an emergency repair is needed, the state rotates selecting a pre-qualified contractor and then sends the invoice itself.

4.2. DSP Reimbursement Process Trigger Mechanisms

The trigger mechanism is the first step of the crash repair cost recovery process. The remaining steps continue to the end once the trigger begins. The most common trigger mechanism in peer states as well as in Indiana is receiving a crash report involving DSP, see Figure 4.2. A state may use more than one trigger.

Unlike INDOT, several of the peer states do not have an electronic database and rely on the distribution of crash report paper copies filtering down to the appropriate districts. Other states periodically retrieve the crash reports involving DSP from local law enforcement offices. The trigger mechanism "police notification" differs from "crash reports" because the police notify maintenance crews or office while present at a crash site. Notification through an insurance company was found to be the sole trigger in Utah. Maintenance crews are the second most common trigger by states.

| <u>Attenuator Log</u> | | | | | | | |
|-----------------------------------|--------------------------|---------------------|---------------------|----------------------------|--------------|------------------|----------|
| Sub-District _____ | | Fowler _____ | | Accident No. _____ | | | |
| Police Report Received _____ | | No _____ | | WMS Card No. _____ | | | |
| Date <u>6/29/2009</u> | Time <u>7:30 AM</u> | Reported by _____ | | Report No. _____ | | | |
| Road <u>SR 26</u> | County <u>Tippecanoe</u> | MM <u>38.1</u> | Direction <u>WB</u> | Lt/Rt Side <u>Left</u> | | | |
| Attenuator Type <u>TRACC</u> | | | | | | | |
| <u>Repair Log</u> | | | | | | | |
| Date <u>6/29/2009</u> | | Time <u>3:30 PM</u> | | Reported by _____ | | | |
| Part Replaced | Qty | Cost Each | Total | Laborer | Hours Worked | Rate | Subtotal |
| Nose cone | 1 | \$210.00 | \$ 210.00 | HT 3 | 2 | \$14.38 | \$ 28.76 |
| | | | \$ - | HT 3 | 2 | \$14.38 | \$ 28.76 |
| | | | \$ - | HT 3 | 2 | \$14.38 | \$ 28.76 |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| Total Parts Costs | | | \$ 210.00 | Labor Additive Rate | | 1.762 | |
| | | | | Total Labor Costs | | \$ 152.02 | |
| Hours/Miles | Comm # | Rate | Sub-Total | M-54 Notes: | | | |
| 2 | 61865 | \$20.79 | \$ 41.58 | | | | |
| 2 | 61377 | \$13.86 | \$ 27.72 | | | | |
| 2 | 136448 | \$10.00 | \$ 20.00 | | | | |
| 2 | 106873 | \$3.31 | \$ 6.62 | | | | |
| | | | \$ - | | | | |
| | | | \$ - | | | | |
| Total Equipment Costs | | | \$ 95.92 | GRAND TOTAL | | \$ 457.94 | |
| <u>Additional Comments</u> | | | | | | | |

4.2.1. Associating Damage to the Correct Crashes Via Tags/Decals

crash site with a decal or tag. The law enforcement officer fills out the decal/tag at the crash site, see Figure 4.3. The maintenance crews can immediately identify where damage has occurred and the associated crash report. More than one decal/tag is warranted to denote the limits of extensive damage. A decal is

[illegible]

Figure 3.20: Example field attenuator log (Fowler sub-district)

suitable for warmer climates while a waterproof tag is more desirable in regions with wintry conditions. The decal/tag system saves time in attempting to associate DSP to the crash report and eliminates confusion when there are multiple crashes in close proximity.

In North Carolina, this procedure started as a pilot program in 2002 for one division (district), and then expanded to the entire state 2004. A “Guardrail Tag Bag” containing 25 tags was supplied to only state highway patrol officers by the NCDOT and is now

| | | | | | | | | | | | | |
|--|--------------------------------------|-----------------------------|---------------------|---------------------------|---------------------|---|------------------|-----------------|-----------------|---------------|---------------------|-----------------|
| ACTY | SUB-ACT | ACTIVITY NAME | REF # | ***LABOR DETAIL*** | | | | | | | | |
| 286 | OTHER ATTENUATORS | 2550-TL - ATTENUATOR REPAIR | | EMPLOYEE ID | REG HOURS | EMPLOYEE NAME | BORR-OWED | OT CODE | OT HOURS | | | |
| MGMT UNIT | MANAGEMENT UNIT NAME | | SYSTEM/CLASS | 10000014382 | 4.0 | <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> (10000014382) | | | | | | |
| 065396 | (1303) - LAFAYETTE UNIT 3 (PS065396) | | TL | 10000014401 | 4.0 | <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> (10000014401) | | | | | | |
| DATE | CREW SIZE | CATEGORY | | 10000243193 | 4.0 | <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> (10000243193) | | | | | | |
| 06/29/2009 | 3 | UN - Unlimited | | | | | | | | | | |
| ASGND TO: | | | RQST # | | | | | | | | | |
| LOCATIONS AND SPECIFIC INSTRUCTIONS: | | | | | | | | | | | | |
| ***EQUIPMENT DETAIL*** | | | | | | | | | | | | |
| COMM | DESCRIPTION | BEGIN | END | UNIT | HOURS ON JOB | ***ACCOMPLISHMENT*** | | | | | | |
| 061372 | 061372 - STAKE TRUCK | | | | 4.0 | UNIT OF MEASURE | | QUANTITY | | | | |
| 061865 | 061865 - SINGLE AXLE DUMP TRUCK | | | | 4.0 | UNT - UNITS | | 2.0 | | | | |
| 106873 | 106873 - ATTENUATOR | | | | 4.0 | ***LOCATION*** | | | | | | |
| 136448 | 136448 - TRAFFIC ARROW BOARD | | | | 4.0 | ROUTE | DIRECTION | LANE | START MP | END MP | ELEMENT NAME | PCT WORK |
| | | | | | | SR 26 | Both (All) | All | 35.4893 | 39.63 | S026795-ML | 12.0 |
| NOTES AND INSTRUCTIONS | | | | | | | | | | | | |
| ***MATERIAL DETAIL*** | | | | | | | | | | | | |
| CODE | DESCRIPTION | UNIT | AMOUNT | SIGNATURE | | | | | | | | |
| 4417 | 4417 - ATTENUATOR PARTS | EA - EACH | 210.0 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ***OTHER DETAILS*** | | | | | | | | | | | | |
| TYPE | DETAILS | AMOUNT | COST (\$) | DESCRIPTION | | | | | | | | |
| | | | | | | | | | | | | |
| ***COMMENTS*** | | | | | | | | | | | | |
| repair two tracc units on SR-26 will need to cost through <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> for parts | | | | | | | | | | | | |

Figure 3.21: Example work management system (WMS) timecard

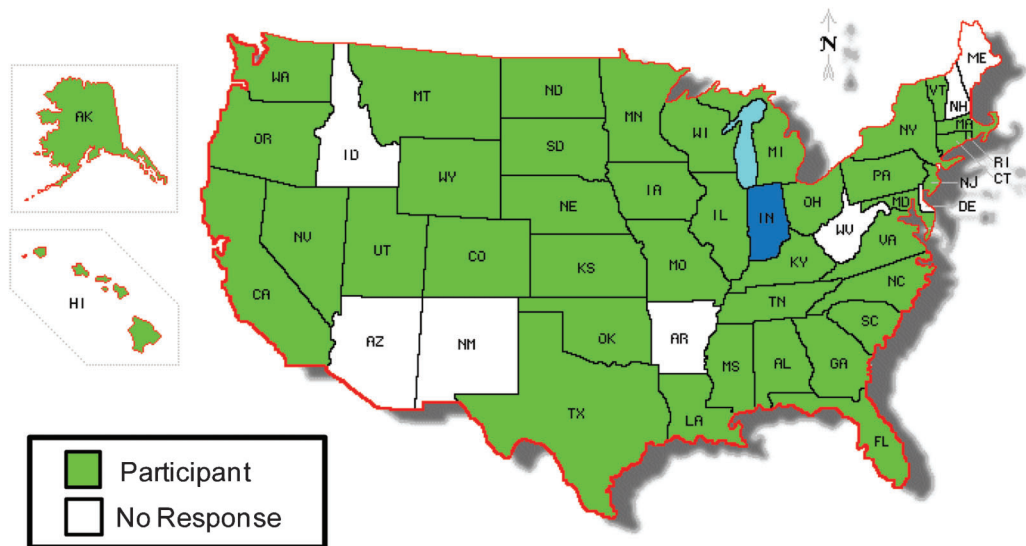
distributed to local and county law enforcement. The state estimates that it has recovered an additional \$8.67 million by implementing this guardrail tagging system as seen in Figure 4.4.

4.3. Fees in Addition to Direct Costs

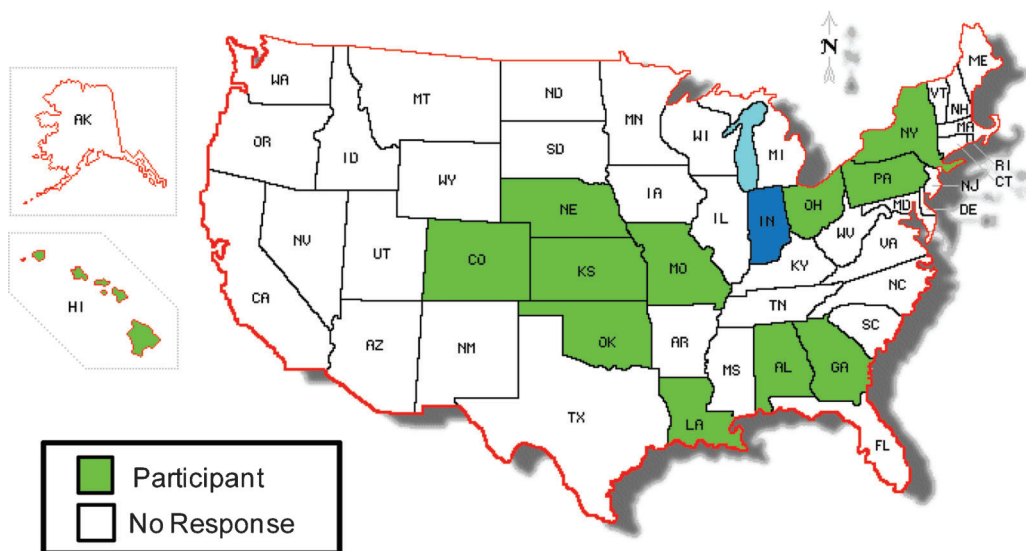
A fully-loaded repair is one that includes the operating expenses, the field work and administrative labor to support the recovery process in addition to the direct costs. The labor, equipment, and material amounts account for site specific costs. Additional fees such administration, overhead, fringe (labor additive), and other fees recompense the indirect costs. The 18 responses about fees are shown in Figure 4.5.

The states with a zero percent cumulative fee indicated they do not charge for indirect costs; consequently, they are partially paying for the repair cost. New York showed the highest indirect costs with a fringe fee of 181%. The Texas fees were derived from their repair worksheets, which may already account for fringe fees.

The opportunity to charge for indirect costs is shown in Figure 4.6. Only one state charges for "other" fees, an engineering fee of 15% when necessary. The most common indirect fee is the fringe fee with 11 states charging between 48% and 181%; Indiana currently includes a fringe fee of 76.2%. The overhead and administrative fees are included in a few states, but are often used as negotiating items with the driver and/or



a) May 2010 survey participants (n=41)



b) July 2010 survey participants (n=13)

Figure 4.1: Survey participation

insurance company about repair cost amounts. The invoice should define for the insurance companies that the administration costs cover the repair costs of completing the M54, organizing the pictures, associating the crash report, and making the invoice for greater compliance.

4.4. Payment Incentives and Penalties

It is expected that the responsible party will pay sooner when there are incentives to meet deadlines. Incentives or penalties include fees or additional

charges if the payment is not met by a specified deadline. Eleven of seventeen states indicated they use incentives in their crash repair cost recovery process as seen in Figure 4.7; the incentives used are listed in Table 4.1. Indiana does not use penalties currently. The cost to pursue collections after the deadline is covered partially by the penalty. An 8% interest rate penalty used by New York and 18% penalty by Colorado are examples of penalties used to cover additional costs of delayed collections. The penalty deadlines provide incentives for the driver and/or insurance company to pay promptly.

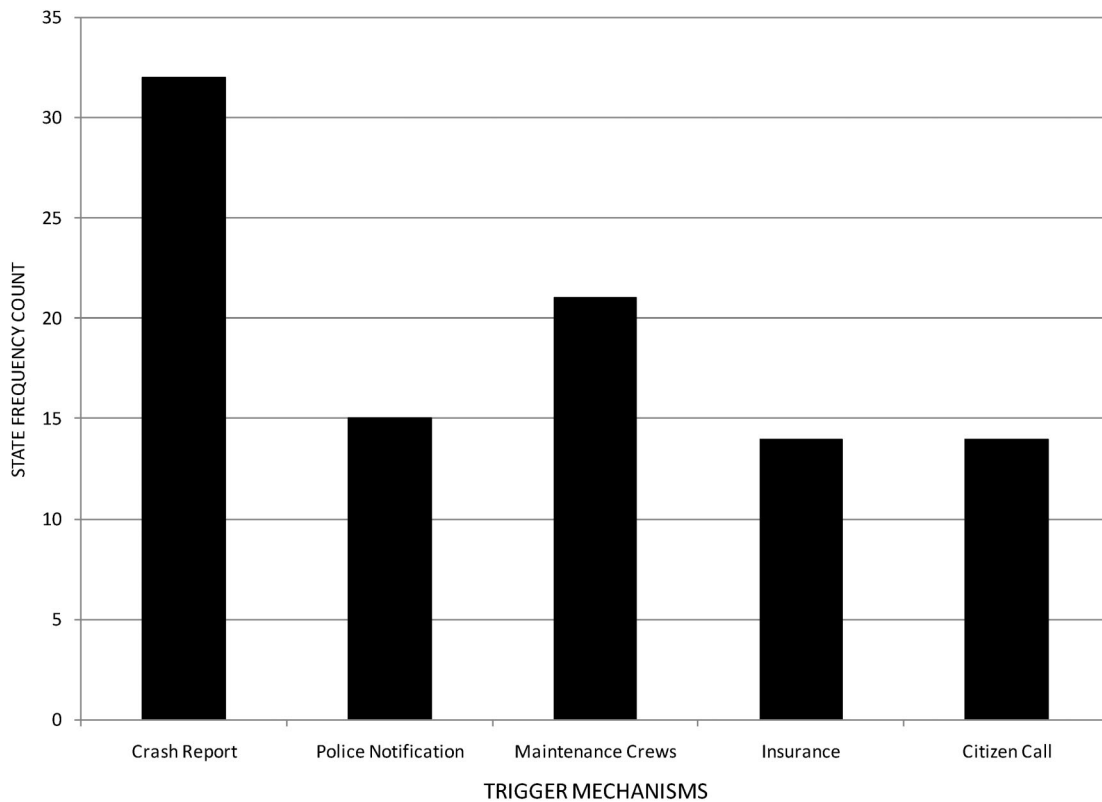


Figure 4.2: Trigger mechanisms listed by other state DOTs to identify crash damage and begin the repair cost reimbursement process (n=41)

Two penalties for failure to pay are revoking the responsible party's driver's license and withholding the responsible party's income tax returns. A driver's license can be revoked in Michigan, Georgia, Kansas, Kentucky, Pennsylvania, and South Dakota. In some states, the driver's license is revoked only if the repair amount exceeds a specified threshold. Kansas, Kentucky and Oregon have legislative approval to withhold income tax returns from errant responsible parties.

4.5. Collections and Recovery Performance

The peer state's collection percentage of invoice amount exceeded that of INDOT in all cases except one. The majority of the total collection amounts exceeded INDOT's. The invoice amounts and collection percentages are seen in Figure 4.8. The invoice/collection amounts have not been labeled by request of the participant states; Alabama, Colorado, Kansas, Missouri, Nebraska, New York, North Carolina, Ohio, Pennsylvania, and Wisconsin. The Indiana invoice and collection totals are derived from averaging the 2008 and 2009 invoiced and collected totals. Without the anomalous case of the \$695,000 crash, the state has a 63% collection percentage and ranks 6th instead of 10th, but slips down to 9th for amount invoiced each year. The amounts and percentages were self-reported by the state agencies for varying years. The states closest to

Indiana in regards to the invoice amount are Kansas, Nebraska, Colorado, and Wisconsin. The peer state comparison provides a gauge of INDOT's invoicing and collections performance.

4.6. Peer Group Discussion Items

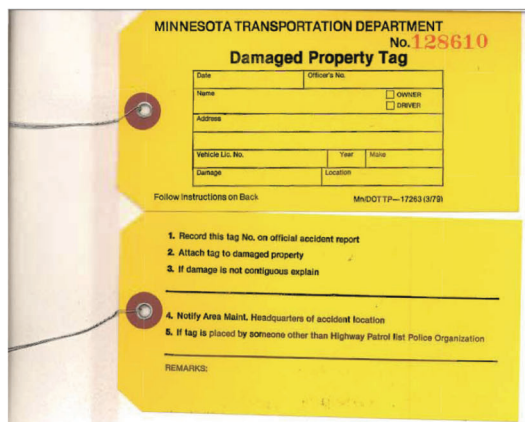
On September 15, 2010, this study conducted a webinar for all state agencies to participate in a review of the May and July survey results and discuss crash repair cost recovery process issues. The states represented at the webinar were Oregon, Pennsylvania, Nebraska, Oklahoma, South Dakota, Kansas, Kentucky, and New York. The participating states asked questions to other attending states about charging for overhead and administration fees, payment penalties, invoicing procedures, practices in collecting crash reports, and negotiating with insurance companies.

4.6.1. Common Practices for Invoicing Insurance Companies

Drivers and insurance companies frequently contest the invoice amounts for DSP in all peer states. The webinar participants discussed different methods and practices of interacting with the driver and insurance company in seeking reimbursement. New York sets a 14-day deadline for a dispute to be made against the invoice. Oregon sends a notification letter to the driver



a) North Carolina DOT tag



b) Minnesota DOT Tag

Figure 4.3: Examples of crash damage tags

and insurance company as soon as it is aware of damage. An example of the driver notification letter is in Figure 4.9 and the insurance company notification letter is in Figure 4.10. This notification prepares the driver and/or insurance company for their pending invoice; a repair estimate is not included in the letter to avoid invoice disputes that would use the estimate as a baseline.

Significant damage to state property, such as bridge structures, requires special procedures to claim maximum reimbursement. New York pointed out that some crashes exceed the responsible party's insurance coverage, (e.g. \$1 million). Repairs for these crashes are lengthy and the costs are only known after several months. In the meantime, owners with property involved in the crash, such as motor vehicles, have already claimed a substantial portion of the limited pool of insurance money. Webinar participants recom-

mended using a repair estimate to invoice the insurance company in these cases to ensure the insurance company is aware of potential claims before the policy limit is reached.

4.7. Conclusions

The survey of peer states provided INDOT with a base of comparison and a precedent for recommending new crash repair cost recovery practices. In comparison to other states, the majority use crash reports and/or maintenance crews to begin the crash repair recovery process. Also, INDOT's collecting percentage and invoicing amount are below average. Practices that are implemented in peer states are including additional fees to direct costs, penalizing late payments, and notifying drivers/insurance companies early in the process. Three states utilize tags to mark damage and one has measured significant returns from implementation. These practices can be implemented to address the challenges described in Chapter 2.

CHAPTER 5. EMERGING INDOT FIELD PRACTICES

This chapter addresses the challenges identified in Chapter 2, captures the best practices from Chapter 3, and consolidates the recommendations outlined in Chapters 4 into forms and practices that could be used for a standard state wide crash repair cost recovery process. The following forms, process, and recommendations are presented:

- a crash damage tagging system by law enforcement concurrent to crash report
- a draft revised M54 form
- the proposed business process
- standard photo documentation of crash damage and repair
- a new primary trigger mechanism for initiating the M54
- enhanced crash database query criteria
- notification letter for driver/insurance company advising of a pending claim by INDOT for crash damage

5.1. Expedited Crash Report Identification

A tagging system (Figure 4.3) allows field personnel to provide the office personnel the crash ID number to unambiguously find the correct crash report for the damaged asset. A tag at each crash site with DSP reduces the labor used to search through crash reports. It also eliminates uncertainty what crash should be associated to the report and provides evidence to the parties responsible for the damage. Figure 5.1 gives an example of a crash with damage and a crash report with the damage to state property box left blank. Tags could be distributed to state, county, and local law enforcement. North Carolina implemented a tagging system statewide in 2004 and they tabulated a \$224,000 benefit the first year² and

Guardrail Reimbursement Summary

| | Division 4 | Statewide | Additional Recoveries Due to Guardrail Tagging System | 20% of Statewide Savings | Award Amount |
|--|-----------------|-----------------|---|--------------------------|--------------|
| July '99- July - '02 | | | | | |
| Expenditures | \$ 864,711.00 | \$ 7,631,593.00 | | | |
| Recoveries | \$ 189,516.00 | \$ 1,343,096.00 | | | |
| Percentage Recovery | 22% | 18% | | | |
| *Guardrail Reimbursement Summary per State Road Maintenance Unit from July 1999 and 2002 | | | | | |
| Annualized July '99- July - '02 | | | | | |
| Expenditures | \$ 288,237.00 | \$ 2,543,864.33 | | | |
| Recoveries | \$ 63,172.00 | \$ 447,698.67 | | | |
| Percentage Recovery | 22% | 18% | | | |
| *Guardrail Reimbursement Summary per State Road Maintenance Unit from July 1999 and 2002 | | | | | |
| 2003 | | | | | |
| Expenditures | \$ 776,231.34 | \$ 7,017,733.55 | | | |
| Recoveries | \$ 198,275.45 | \$ 1,457,423.77 | \$ 222,361.86 | \$ 44,472.37 | \$ 44,472.37 |
| Percentage Recovery | 22% | 21% | | | |
| *Guardrail Reimbursement Summary per State Road Maintenance Unit from July 1999 and 2002 | | | | | |
| **Cannot verify this 2003 data due to SAP migration | | | | | |
| 2004 | | | | | |
| Expenditures | \$ 1,019,179.83 | \$ 7,426,569.20 | | | |
| Recoveries | \$ 330,691.43 | \$ 2,082,051.85 | \$ 775,038.31 | \$ 155,007.66 | \$ 80,000.00 |
| Percentage Recovery | 32% | 28% | | | |
| *Information obtained through SAP/Command S air 87013542/WBS 36051.0XX and Fiscal Year | | | | | |
| 2005 | | | | | |
| Expenditures | \$ 1,168,270.29 | \$ 8,328,567.89 | | | |
| Recoveries | \$ 348,645.00 | \$ 2,215,328.11 | \$ 749,570.41 | \$ 149,914.08 | \$ 80,000.00 |
| Percentage Recovery | 30% | 27% | | | |
| *Information obtained through SAP/Command S air 87013542/WBS 36051.0XX and Fiscal Year | | | | | |
| 2006 | | | | | |
| Expenditures | \$ 1,042,584.44 | \$ 9,346,099.29 | | | |
| Recoveries | \$ 296,376.00 | \$ 2,631,912.19 | \$ 987,077.54 | \$ 197,415.51 | \$ 80,000.00 |
| Percentage Recovery | 28% | 28% | | | |
| *Information obtained through SAP/Command S air 87013542/WBS 36051.0XX and Fiscal Year | | | | | |
| 2007 | | | | | |
| Expenditures | \$ 1,137,078.59 | \$ 9,922,404.98 | | | |
| Recoveries | \$ 489,016.04 | \$ 3,343,208.88 | \$ 1,596,949.29 | \$ 319,389.86 | \$ 80,000.00 |
| Percentage Recovery | 43% | 34% | | | |
| *Information obtained through SAP/Command S air 87013542/WBS 36051.0XX and Fiscal Year | | | | | |
| 2008 | | | | | |
| Expenditures | \$ 1,016,479.96 | \$ 9,533,033.78 | | | |
| Recoveries | \$ 401,485.35 | \$ 3,728,015.41 | \$ 2,050,281.87 | \$ 410,056.37 | \$ 80,000.00 |
| Percentage Recovery | 39% | 39% | | | |
| *Information obtained through SAP/Command S air 87013542/WBS 36051.0XX and Fiscal Year | | | | | |
| 2009 | | | | | |
| Expenditures | \$ 1,016,479.96 | \$ 9,533,033.78 | | | |
| Recoveries | \$ 401,485.35 | \$ 3,728,015.41 | \$ 2,295,145.69 | \$ 458,629.14 | \$ 80,000.00 |
| Percentage Recovery | 39% | 39% | | | |
| *Information obtained through SAP/Command S air 87013542/WBS 36051.0XX and Fiscal Year | | | | | |
| Total Additional Recovery Since Implementation | | | \$ 8,674,424.97 | | |

Figure 4.4: North Carolina Guardrail Reimbursement Summary

total benefit to date of \$8.67 million. Similar or larger benefits could be realized in Indiana.

A test deployment of the Indiana DSP tag shown in Figure 5.2 was started in January 2011. The tag is a weatherproof, UV-stable, 0.010 thick vinyl tag measuring 3" x 5.5" with 5/8" fiber patch and 3/8" brass

grommet. Based upon feedback from INDOT field crews, a second grommet was added on the second printing (Figure 5.3) to allow tag to be "wrapped" around sign posts and reduce flapping in the breeze that can damage writing. This second printing was ordered in March 2011 and also incorporated additional

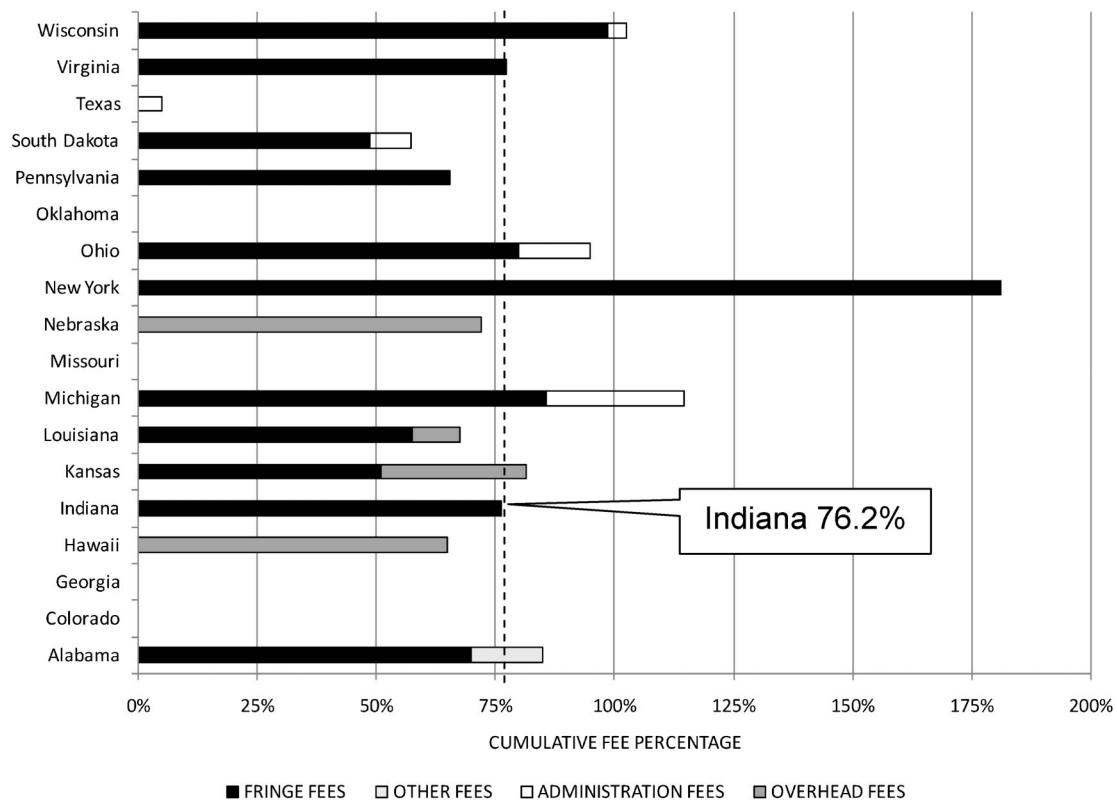


Figure 4.5: Additional fees included in peer state repair cost (n=18)

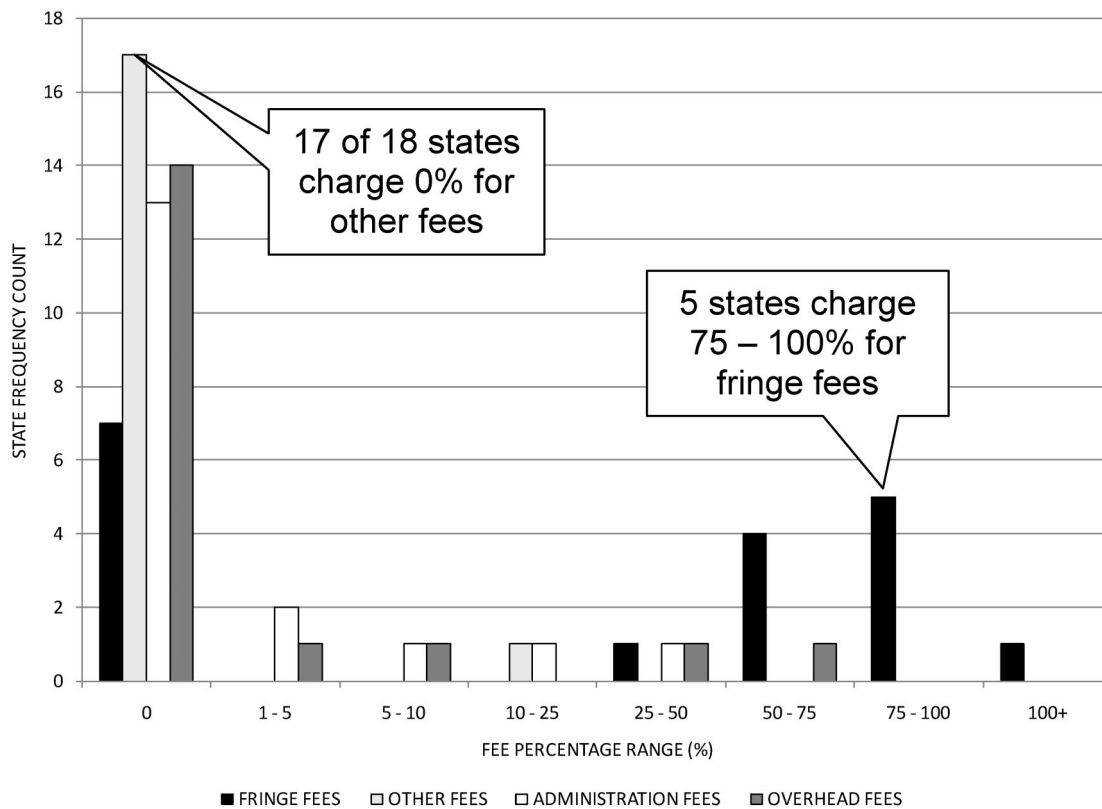


Figure 4.6: Peer state distribution of additional fees (n=18)

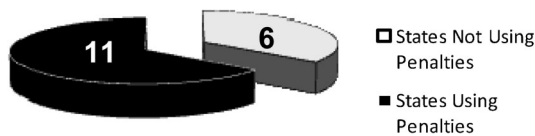


Figure 4.7: Payment incentives and penalties utilized by other states (n = 17)

language regarding fuel spills, environmental impact and fire damage suggested by IDEM colleagues.

For the January 2011 pilot deployment, approximately 200 public safety deployment packages were prepared (Figure 5.4) and presented to select Indiana State Patrol Posts along I-65 between Indianapolis and Lafayette. Each package had the necessary equipment to fill out the requested information and attach it to the damaged infrastructure. The preliminary response to this deployment had been positive, with documentation of crash damage tags being found along I-65 (Figure 5.5).

Crash information is provided on the tag by the investigating officer (Figure 5.6). In addition to the date and time, the crash report number is placed on the tag allowing a direct link between the crash report and damaged infrastructure (Figure 5.7).

5.2. The Revised M54 Form

A revised M54 was developed to provide a standard form that requires specific crash information to better

record crash attributes as well as fully-loaded repair costs. An example of page one and two of the revised M54 are found on Figure 5.8 and Figure 5.9, and then each section is described.

The revised M54 in Figure 5.10 identifies the appropriate personnel to fill out the M54 and marks target dates for the M54 sections to be completed. These elapsed times are relative to the date of crash (DOC)⁴.

Section I: Preliminary Field Investigation (Figure 5.8; DOC + 7) begins when DSP is identified by the maintenance crew. The preliminary and detailed field investigation, section II, can be performed simultaneously

- Observation Date:** The date the DSP is observed, not the crash date. It is important to provide a narrow range of dates to query the crash database.
- Observed by:** The person who identified the DSP.
- County:** The county where the crash occurred
- Sub-district:** The sub-district where crash occurred
- Location Description:** On interstates, the mile marker is used on the crash report for the location; cross streets are most often used on state routes and US routes³ (e.g. SR26 CR 1200E). The direction of travel is optional if unknown but the side of the road (west side, east side) adds clarity.
- Description of Damage:** The observer should circle all types of DSP identified at the crash site.

Section II: Detailed Field Investigation (Figure 5.8; DOC + 10) is where an investigator makes a detailed

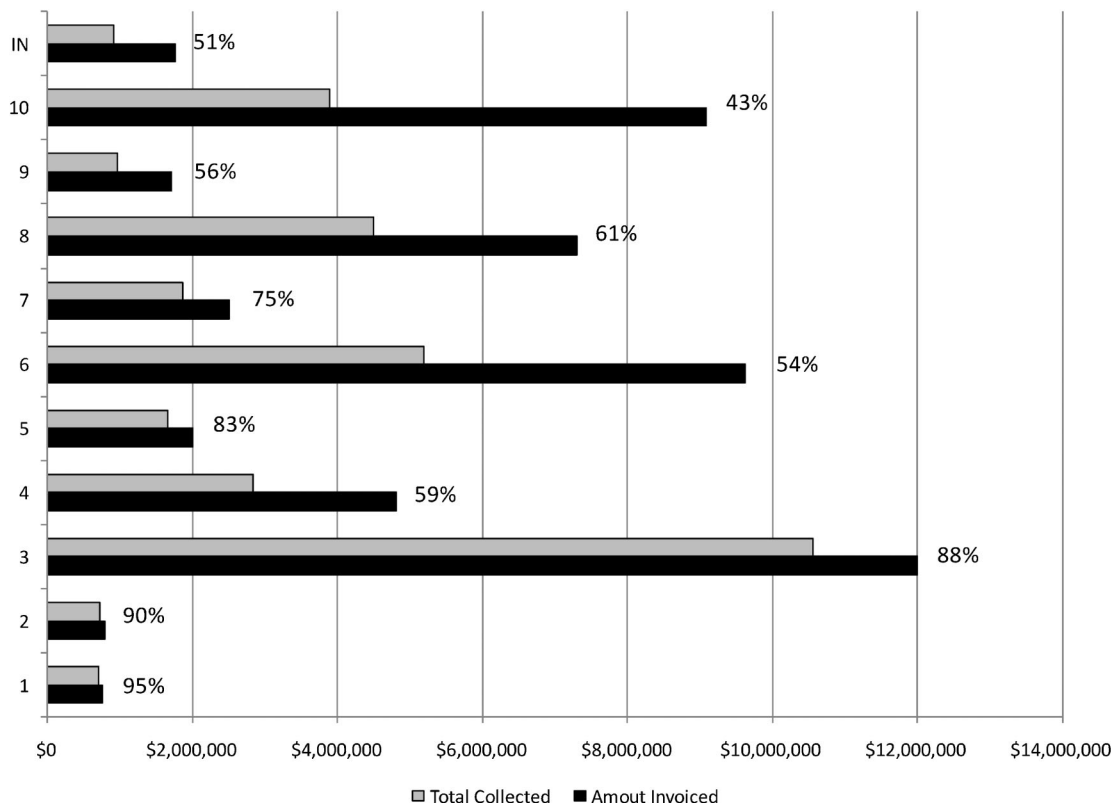


Figure 4.8: Eleven state comparison between amounts invoiced and collected for various years

HARDY MYERS
Attorney General



PETER D. SHEPHERD
Deputy Attorney General


DEPARTMENT OF JUSTICE
CIVIL ENFORCEMENT DIVISION

September 10, 2010



Re: O.D.O.T. File No.: CAO-03-445
Date of Incident: July 6, 2003
Location: Pacific Hwy., MP 200

NOTICE IS HEREBY GIVEN OF THE CLAIM OF THE OREGON DEPARTMENT OF TRANSPORTATION (O.D.O.T.) against you arising from the above-captioned incident for guardrail damage.

RESPONSIBLE VEHICLE is described as a 1992 Ford, Oregon license 999XXX.
OWNED AND OPERATED BY: 

IF YOU WERE INSURED AT THE TIME OF THIS INCIDENT, immediately forward this notice to your insurance carrier for further attention.

WHEN COSTS HAVE BEEN VERIFIED, you will be furnished with a copy of our itemized statement. At that time you will be requested to make payment within 30 days of notification of the charges. Please address inquiries to my attention at the address below, or contact me at (503) 947-0000.

Sincerely,

Nancy Costa
Revenue Agent
Civil Recovery Section

NJC:/Document5

1162 Court Street NE, Salem, OR 97301-4096 Telephone: (503) 947-4400 Fax: (503) 373-7067 TTY: (503) 378-5938

Figure 4.9: Sample notification letter to driver (Oregon DOT)

estimation of the damage quantities needed for repair, takes pictures, and writes down the GPS latitude and longitude coordinates.

a) Investigation Date: The date the field investigator visited the crash site.

b) Investigated By: The person who visits the crash site for the detailed field investigation; may be the observer from Section I.

c) Detailed Location Description: Confirms the correct location given by the observer and adds notes unique to the location.

TABLE 4.1:
Payment incentives and penalties enforced by agencies

| State | Penalty Description |
|--|--|
| Hawaii | \$25 after 30 days |
| Michigan, Kansas, Kentucky, Pennsylvania, and South Dakota | Revoke driver's license |
| New York | 8% Interest after 30 days |
| Wisconsin | \$35 or 15% over 90 days |
| Georgia | License revoked over \$5,000 |
| Colorado | 18% if after 71 days for Collection agency |
| Kansas, Kentucky, and Oregon | Intercept income tax returns |

- d) Lat/Longitude: The GPS camera records the GPS coordinates of the picture when locked onto satellites.
- e) Detailed Damage Description: An overview of the DSP describes the extent and severity of the damage.
- f) Work Order Repair Estimated Pay Items: The investigator estimates only the quantities for materials of all the DSP that will need to be repaired.
- g) Archived Crash Pictures Network Directory: This is the file path of the pictures taken for that location.

Section III: Office Investigation (Figure 5.8; DOC + 14) documents office investigation to associate the DSP to a crash report. Once the tagging system is fully implemented this will be easily transcribed by maintenance crews. Until then, substitute data querying work using techniques documented later in this chapter (Figure 5.14) will be needed.

- a) Crash Report ID: The crash report identification number is found in the top middle of the crash report (e.g. 901273493 in Figure 2.3).
- b) Crash Date: The date of the crash.
- c) Crash Report is Attached: A "Yes" signifies the crash report was attached to the M54 report and archived in the computer.
- d) Date Notification Letters Sent to Driver(s) & Insurer(s): A notification letter is sent to both the driver and the insurer in the crash so they are aware of the pending repair costs.
- e) Number of Drivers & Insurers Notification Letters Sent: If there is more than one driver responsible for the crash, multiple drivers and insurers are sent notification letters.
- f) New Archived Crash Picture Location: The new file path for the DSP crash pictures transferred from Section II part (g); it is suggested that the crash report ID be used as the folder name to simplify future reference. This will shelter all pertinent information for repair.
- g) Archived Repair Pictures Network Directory: The pictures of the repair are transferred into the folder created in Section III part (f).

Section IV: Work Order Repair Estimate (Figure 5.8 and Figure 5.9) is critical to assure an appropriate construction scope when using competitive outsourcing for repairs. Someone familiar with the repair construction and the crash site damage should calculate and estimate the quantities.

- a) Estimation Date: The date the estimate was done.
- b) Estimated by: The person who calculated the estimate.

- c) Final Pay Items: The back section of the M54, see Figure 5.9, has a column with the title "Work Order Repair Estimate" that calculates an estimated cost using the current contract line items. The material, equipment, labor, MOT, and other costs necessary will be recorded on the "Actual Repair Cost" section.

Section V: Approval to Proceed (Figure 5.8) shows INDOT approval to proceed with repair. This section would be used for contractors to submit potential repair locations.

- a) Responsible manager: The approval is given by INDOT staff with experience in DSP repairs.
- b) Approval Date: The date approval was given by the responsible manager.
- c) Work Order #: The work order number INDOT assigns for the contractor.

Section VI: Documentation of Repair (Figure 5.8 and Figure 5.9; DOC + 14) documents the repair details with the pay items reflecting standard INDOT fees or contract amounts.

- a) Repair Date(s): The day(s) that the crew worked on the repair.
- b) Repaired by: The type of organization, in-house or contracted, that performed the repair work; sometimes both are involved.
- c) Photo of Repair Completed: Pictures of the repaired infrastructure. This is sometimes required by insurance companies.
- d) Inspected by: If repair work is contracted, INDOT may review the repair to certify that the repairs were satisfactory and complete, otherwise this is left blank.
- e) Detailed Schedule of Actual Pay Items and Costs: The pay items and costs break down the total cost. Confer the WMS for labor, material, and equipment rates while adding the labor multiplier.

Section VII: Accounting Tracking (Figure 5.8; DOC + 28) tracks the collections for the repairs.

- a) Invoice Date: The date the invoice was sent to the driver or insurer.
- b) Invoice Amount: The amount of the invoice will be the same as the total cost from the back page of the M54.
- c) Paid Date: The day the entire payment was received. Some people have payment schedules, and the additional dates may be listed if they denote pending payment and the corresponding amounts in part (d).

HARDY MYERS
Attorney General



PETER D. SHEPHERD
Deputy Attorney General

DEPARTMENT OF JUSTICE
CIVIL ENFORCEMENT DIVISION

September 10, 2010

Claims Department
State Farm Insurance
PO Box 2000
DuPont, WA 98880

Re: O.D.O.T. File No.: CAO-03-200
Date of Incident: July 4, 2003
Location: Pacific Hwy., MP 100
Your Insured: [REDACTED]
Your Policy/Claim No.: [REDACTED]

Dear Sir/Madam:

This office has been notified that your company is the one to contact in regard to the above referenced incident for guardrail damage.

When costs for repairs have been verified, you will be furnished with a copy of our itemized statement.

If you need more information, please contact me at (503) 947-0000, or write to the address below. Please note the O.D.O.T. file number on any check or correspondence.

Thank you for your assistance in this matter.

Sincerely,

Nancy Costa
Revenue Agent
Civil Recovery Section

njc:/Document6

1162 Court Street NE, Salem, OR 97301-4096 Telephone: (503) 947-4400 Fax: (503) 373-7067 TTY: (503) 378-5938

Figure 4.10: Sample notification letter to insurance company (Oregon DOT)

- d) Paid Amount: The payment amount received from the driver or insurer.
- e) Close out Summary Details and Narrative: Noteworthy repair details included to explain unexpected or additional costs.

5.1. Proposed Business Process

The proposed business process is expected to decrease the time duration between the crash date and the date the invoice is sent. A tagging system would



a) Crash site before repair



b) Crash site after repair

Figure 5.1: Crash attenuator and cable-median barrier property damage from crash @ I65 MM ~197.4

a) Front

b) Back

Figure 5.3: Indiana Roadway damage tag (Version 2)

a) Front

b) Back

Figure 5.2: Indiana Roadway damage tag (Version 1)

significantly reduce the process time by immediately associating the damage to a crash report. The tags would mark the crash report ID for the maintenance crew who would serve as the triggering mechanism to

begin the crash repair recovery process instead of the crash report.

The maintenance crews identify DSP on scheduled route patrols or are notified by police dispatch to visit a crash site; this should occur within seven days of the crash. Photographs of the damage should be taken then or shortly thereafter, within ten days after the crash. Some crash sites are missed by maintenance crew patrols due to the poor visibility of damage and challenging locations to visit routinely, such as interstate ramps. When situations arise where the maintenance crews do not observe damage to state infrastructure, a periodic query is discussed in section 5.3

The crash location and observation date is sent to office personnel to query the crash report database. The crash report could be associated to the damage in less time due to a narrower time range and should ideally be done within fourteen days of the crash.

The office mails a notification letter of the pending crash damage investigation to the driver and insurance company; this should occur within fourteen days of the crash. Then the office sends the crash report to the maintenance crew. Damages and costs are documented within 14 days after the crash because repairs typically happen before the crash report arrives. These M54 documents are sent to INDOT central office where an invoice is sent within twenty-eight days of the crash (Figure 5.10).

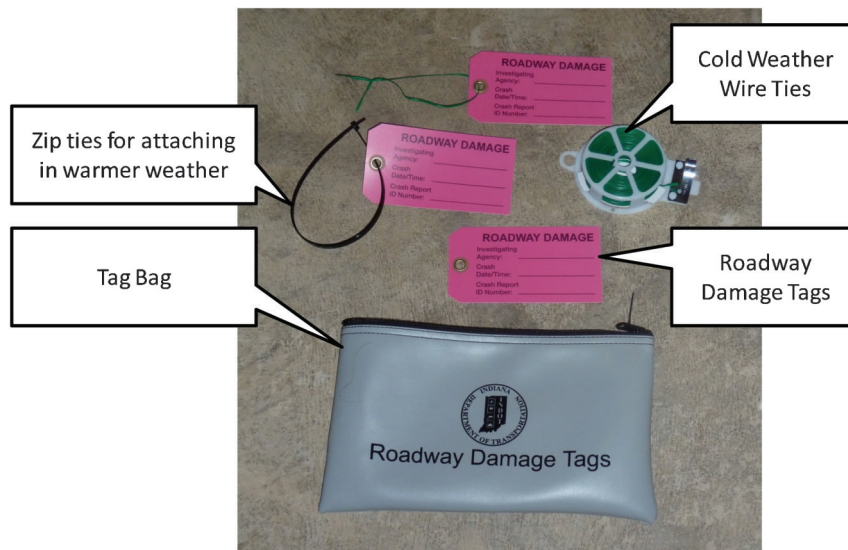


Figure 5.4: Public safety deployment package (January, 2011).



Figure 5.5: February 1st, 2011 damage at southbound I-65, MM 133.2 tagged by ISP Major Melville; Photos Courtesy of Dan Rogers

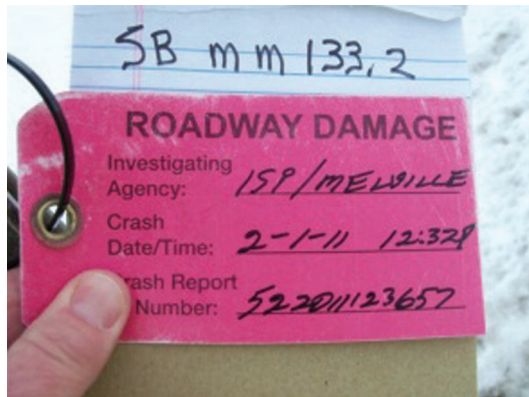


Figure 5.6: Crash tag information, tagged by ISP Major Melville; Photos Courtesy of Dan Rogers

5.2. Photo Documentation of Crash Damage

Photos of crash-damaged infrastructure provide the driver and/or insurance company visual confirmation of the damage and repair. A photo with GPS coordinates is valuable to mark a location with

precision in the event of location discrepancy. Camera models with GPS, as shown in Figure 5.11 are available where the picture's coordinates can be accessed on the camera or geocoded on a map as shown in Figure 5.12. As proposed previously in section 3.2.2:

- The first pictures are of the damage to state property with a time-stamp
- The second pictures are during the repair showing the labor and equipment
- The third pictures are of the repair with a time-stamp

The first picture should be taken when DSP is first observed by the maintenance crew (e.g. placing a barrel).

A well-documented picture captures features of the location and the extent of the damage and repair. A photo can be identified to a specific location with landmarks such as mile markers, bridges, unique buildings, etc. Vehicle identifiers, such as license plates or car parts, at the crash site may also be documented as shown in Figure 5.13.

5.3. Standard Crash Database Query Procedure

Well-defined query procedures are needed to associate the crash report to DSP identified by the maintenance crews without a crash-damaged infrastructure tagging system in place. This study proposes two queries that will identify potential locations with DSP. The first query has the following criteria:

- The date range of collision based on the observed crash date
- The county where the crash occurred
- The state property indicator marked "yes"

The second query uses the following criteria:

- The date range of collision

Local ID
5220110201123657

ROADWAY DAMAGE

Investigating Agency: ISP/MELVILLE

Crash Date/Time: 2-1-11 12:32P

Crash Report Number: 522011123657

of 3

| | | | | | |
|-----------------------|--------------|---------------------------------|-------------------------|---------------|--|
| Type of Crash | | | | | |
| RAN OFF ROAD | | | | | |
| Time Notified | Time Arrived | Other Location of Investigation | | | |
| 12:34 PM | 12:37 PM | SCENE ONLY | | | |
| Assisting Officer | ID No. | Agency | Investigation Complete? | Photos Taken? | |
| | | | YES | NO | |
| Assisting Officer | ID No. | Agency | Date of Report | | |
| | | | 02/01/2011 | | |
| Investigating Officer | ID No. | Agency | Reviewing Officer | | |
| MELVILLE, T | 3340 | ISP INDIANAPOLIS 52 | CPL OKEEFE | | |

Narrative

The roadway was ice covered. We have been receiving freezing rain for approximately 1 hour and the entire roadway was ice covered.

Vehicle 1 was sb on I-65 coming under the overpass to SR267. Driver 1 lost control of her vehicle on the ice covered roadway and started to spin. Vehicle 1 was spinning backwards when it went off the roadway on the right and struck a Merging Traffic Sign and continued into the ditch coming to rest facing sb about 50 feet down the right ditch.

Vehicle 1 was traveling too fast for existing weather conditions.

Figure 5.7: Crash tag information associated with crash report information.

- The county
- The collision with indicator marked for “Bridge Rail, Guardrail End, Guardrail Face, Impact Attenuator/ Crash Cushion, and Median Barrier”

Examples of these queries are shown in Figure 5.14. These queries accurately narrow the pool of potential crash reports to associate to damage, saving time while increasing the association proportion and quantities of invoices sent.

5.3.1. Query Application

The first query searches crash reports that law enforcement has marked state property damage present. The second query does not consider the state property field, but searches for crash reports that list a collision with bridge rail, guardrail, guardrail face, guardrail end, impact attenuator/crash cushion, or median barrier. The second query accounts for crash reports that damage state infrastructure, but the state property indicator field was not checked by the law enforcement officer. An example of a crash report identified by the second query was shown previously in Figure 2.3 – Figure 2.5. The two queries find a portion of the same reports because both of the query filters are satisfied as seen in the middle section of Figure 5.15. There is also a portion of each query that is found only

by that query as shown in the far left and far right sections of the Venn diagram.

One limitation to querying the “collision with” field on the ARIES database occurs when two objects are included in that field. The database only searches the first object inputted and ignores any others included. This should be corrected to increase the query’s breadth.

5.4. Invoicing Insurance Companies and Drivers

It is expected that a driver or insurance company that is notified of pending repair charges, sees the repair work, and has the invoice costs itemized will be less likely to dispute the invoice versus invoices without the items previously listed. The fully-loaded repair fees include labor and equipment to investigate the crash site, process the M54 documents, and process the invoice. These fees can be covered by adding an overhead or administration fee to the M54. An administration fee of 10% of direct costs is on the revised M54 in Figure 5.9.

In crashes that exceed the insurance coverage of the motorist, such as a bridge collision, INDOT must maximize its share of the claim. This is achieved by submitting and settling INDOT’s claim before any other parties decrease the limited pool, such as other motor

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

I. Preliminary Field Investigation: (a) Observation Date: 4/12/2010 (b) Observed By: Tony Johnson
(c) County: White (d) Sub-district: Fowler
(c) Location Description (MM ###.# or Cross Streets & Direction): I65 197.4 SB Median by Bridge Pillars
(d) Description of Damage (Circle One or More): Guardrail Crash Attenuator Cable-Median Barrier Sign
Rutting Tension Anchor MSE Wall Traffic Sign Pole ITS Equipment Fence Other

II. Detailed Field Investigation: (a) Investigation Date: 4/12/2010 (b) Investigated By: Tony Johnson
(c) Detailed Location Description: I65 197.4 SB (d) Lat/Longitude: 40.71769, -87.07892
(e) Detailed Damage Description: I65 197.4 SB Median by Bridge Pillars
(f) Work Order Repair Estimated Pay Items (Quantities ONLY):

| ITEM | QUANTITY |
|-------------------------------|----------|
| Crash Barrels | 9 |
| Cable Median Barrier Posts | 5 |
| Cable Median Barrier Brackets | 5 |
| Cable Median Barrier HairPins | 8 |
| | |
| | |

(g) Archived Crash Pictures Network Directory: C:\Fowler\DetailedFieldInvestigation\2010 04 12\ I65 197.4 SB BAR

III. Office Investigation: (a) Crash Report ID: 901326220 (b) Crash Date: 04/10/2010
(c) Crash Report is Attached: YES / NO (d) Date Notification Letters Sent to Driver(s) & Insurer(s): 4/18/2010
(e) Number of Drivers & Insurers Notification Letters Sent To: 2
(f) New Archived Crash Picture Location: C:\Fowler\OfficeInvestigation\901326220\DamagedPhotos\I 65 197.4 SB Guardrail
(g) Archived Repair Pictures Network Directory: C:\Fowler\OfficeInvestigation\901326220\RepairedPhotos

IV. Work Order Repair Estimate: (a) Estimation Date: 04/12/2010
(b) Estimated By: G. Farnsworth/K. Robertson (c) Final Pay Items: (See Back)

V. Approval to Proceed with Repair: (a) Responsible Manager: _____
(b) Approval Date: _____ (c) Work Order #: _____

VI. Documentation of Repair: (a) Repair Date(s): 04/19/2100 (b) Repaired by: INDOT / Contractor
(c) Photo of Repair Completed: Y / N (d) Inspected by (Optional): _____
(e) Detailed Schedule of Actual Pay Items and Costs (See Back)

VII. Accounting Tracking: (a) Invoice Date: 5/2/2010 (b) Invoice Amount: \$3,137.25
(c) Paid Date: 5/17/2010 (d) Paid Amount: \$3,137.25
(e) Close out Summary Details and Narrative: Gravel recovery caused more repair time

Figure 5.8: Revised M54 page 1

vehicles involved in the crash. In cases with large financial claims, it is perhaps appropriate to send preliminary repair cost estimates instead of waiting until after the repairs are concluded to receive reimbursement; this practice was recommended from the peer state discussion.

5.5. Managing the Crash Repair Cost Recovery Process

An owner or manager of the crash repair cost recovery process should be appointed for each district⁵. The manager would identify the personnel responsible for each of the responsibilities in the revised M54. Then

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

| Description | Contract Item # | Unit | Unit Cost | Work Order Repair Estimate | | Actual Repair | |
|--|-----------------|------|-----------|----------------------------|-------------------|---------------|-------------------|
| | | | | Quantity | Estimate Cost | Quantity | Total Cost |
| GUARDRAIL Materials | | | | | | | |
| Guardrail Steel Beam Galvanized | | LF | | | | | |
| Guardrail Post Bracket, 8.5 lb/LF, Galvanized | | EA | | | | | |
| Guardrail Post, 8.5 lb/LF, 7' long, Galvanized | | EA | | | | | |
| Guardrail Post Plumb | | EA | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CRASH ATTENUATOR Materials | | | | | | | |
| 700# Barrel | | EA | \$168.48 | 6 | \$1,010.88 | 6 | \$1,010.88 |
| 17# Barrel | | EA | \$161.01 | 3 | \$483.03 | 2 | \$322.02 |
| 21# Barrel | | EA | \$161.01 | | | 1 | \$161.01 |
| | | | | | | | |
| CABLE-MEDIAN BARRIERS Materials | | | | | | | |
| CMB Terminal Post | | EA | \$42.90 | 5 | \$214.50 | 4 | \$171.60 |
| CMB HairPin | | EA | \$12.96 | 5 | \$64.80 | 5 | \$64.80 |
| CMB LockPlate | | EA | \$28.90 | 8 | \$231.20 | 7 | \$202.30 |
| CMB Tension Adjustment | | EA | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Labor (with Benefits) (For INDOT) | | | | | | | |
| Foreman | | HR | \$27.25 | | | 6 | \$163.50 |
| Super | | HR | | | | | |
| Laborer | | HR | \$20.99 | | | 18 | \$377.82 |
| Flagman | | HR | | | | | |
| Equipment (For INDOT) | | | | | | | |
| Dump Truck | | HR | \$29 | | | 6 | \$174 |
| Attenuator Truck Attachment | | HR | \$3.36 | | | 6 | \$20.16 |
| Sign Board | | HR | \$6 | | | 6 | \$36 |
| Pick-up Truck | | HR | \$8.08 | | | 6 | \$48.48 |
| Crew cab stakebed | | HR | \$16.58 | | | 6 | \$99.48 |
| Maintenance of Traffic (For INDOT) | | | | | | | |
| Shoulder | | HR | | | | | |
| Median | | HR | | | | | |
| Single Lane Closure | | HR | | | | | |
| On Bridge | | HR | | | | | |
| FLAT FEES | | | | | | | |
| Administration Fee (10%) | | | | | | | \$285.20 |
| Mobilization | | EA | | | | | |
| Crash Documentation (Pre or Post) | | EA | | | | | |
| Clean Up (Just Repair/Replacement Materials....not vehicular damage) | | EA | | | | | |
| Obtaining Crash Report | | EA | | | | | |
| | | | | | | | |
| | | | | | | | |
| COST ESTIMATE | | | | | \$2,004.41 | | |
| ACTUAL COST | | | | | | | \$3,137.25 |

2

Form M-54

Figure 5.9: Revised M54 page 2

the manager would coordinate their efforts to run efficiently by ensuring practices were standardized and communication was constant and clear.

An invaluable tool for the owner would be performance measures of the process. The dates, amounts, and locations of the M54s must be recorded for

performance measures to be available. The performance measures of the elapsed time between the crash and the M54, and the time duration between the M54 and invoice evaluate the efficiency in the process (Figure 3.7). Other performance measures such as the invoice amount versus collections Figure 2.6) and the

Maintenance Crews
DOC + 7 days

Unit Foreman
DOC + 10 days

Office Personnel
DOC + 14 days

Unit Foreman

District Business Owner

Unit Foreman
DOC + 14 days

Central Office Business Owner
DOC + 28 days

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

I. Preliminary Field Investigation: (a) Observation Date: 4/12/2010 (b) Observed By: Tony Johnson
(c) County: White (d) Sub-district: Fowler
(c) Location Description (MM ###.# or Cross Streets & Direction): I65 197.4 SB Median by Bridge Pillars
(d) Description of Damage (Circle One or More): Guardrail ☐ Crash Attenuator ☐ Cable-Median Barrier ☒ Sign ☐
Rutting ☐ Tension Anchor ☐ MSE Wall ☐ Traffic Sign Pole ☐ ITS Equipment ☐ Fence ☐ Other ☐

II. Detailed Field Investigation: (a) Investigation Date: 4/12/2010 (b) Investigated By: Tony Johnson
(c) Detailed Location Description: I65 197.4 SB (d) Lat/Longitude: 40.71769, -87.07892
(e) Detailed Damage Description: I65 197.4 SB Median by Bridge Pillars
(f) Work Order Repair Estimated Pay Items (Quantities ONLY):

| ITEM | QUANTITY |
|--------------------------------|----------|
| Crash Barrels | 9 |
| Cable Median Barrier Posts | 5 |
| Cable Median Barrier Brackets | 5 |
| Cable Median Barrier Hair Pins | 8 |
| | |
| | |

(g) Archived Crash Pictures Network Directory: C:\Fowler\DetailedFieldInvestigation\2010 04 12\ I65 197.4 SB BAR

III. Office Investigation: (a) Crash Report ID: 901326220 (b) Crash Date: 04/10/2010
(c) Crash Report is Attached: YES ☒ NO ☐ (d) Date Notification Letters Sent to Driver(s) & Insurer(s): 4/18/2010
(e) Number of Drivers & Insurers Notification Letters Sent To: 2
(f) New Archived Crash Picture Location: C:\Fowler\OfficeInvestigation\901326220\DamagedPhotos\I 65 197.4 SB Guard
(g) Archived Repair Pictures Network Directory: C:\Fowler\OfficeInvestigation\901326220\RepairedPhotos

IV. Work Order Repair Estimate: (a) Estimation Date: 04/12/2010
(b) Estimated By: G. Farnsworth/K. Robertson (c) Final Pay Items: (See Back)

V. Approval to Proceed with Repair: (a) Responsible Manager: _____
(b) Approval Date: _____ (c) Work Order #: _____

VI. Documentation of Repair: (a) Repair Date(s): 04/19/2100 (b) Repaired by: INDOT / Contractor _____
(c) Photo of Repair Completed: Y ☒ N ☐ (d) Inspected by (Optional): _____
(e) Detailed Schedule of Actual Pay Items and Costs (See Back)

VII. Accounting Tracking: (a) Invoice Date: 5/2/2010 (b) Invoice Amount: \$3,137.25
(c) Paid Date: 5/17/2010 (d) Paid Amount: \$3,137.25
(e) Close out Summary Details and Narrative: Gravel recovery caused more repair time

1

Form M-54

Figure 5.10: Target days after crash for the revised form M54



Figure 5.11: Example GPS camera

distribution of aged receivables (Figure 3.18) evaluate the recovery process as a whole.

5.6. Conclusions

It is believed the proposed crash repair cost recovery process reduces the time to receive reimbursement for repairs of DSP. This is accomplished by providing a revised M54 that mirrors the proposed business process. The maintenance crews begin the M54 to initiate when DSP is identified. A tag marking the DSP and reading the crash report ID number provides immediate association to the responsible party. In the process of the repair, time-stamped photos are taken of

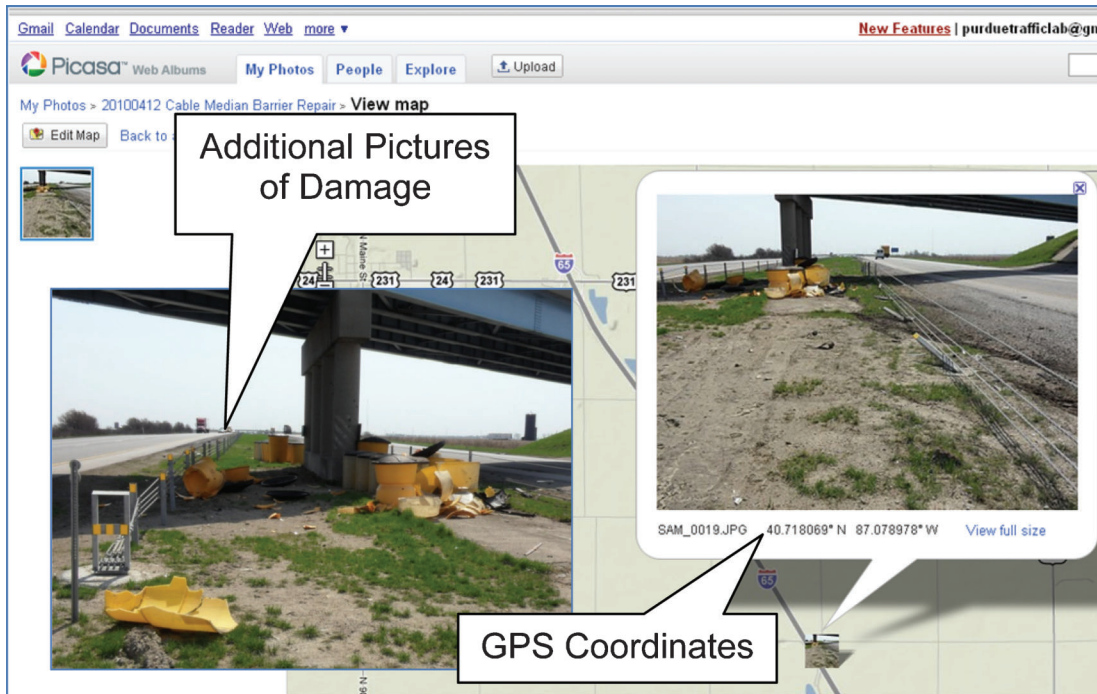


Figure 5.12: Photos with GPS coordinates of the crash site

crash damage, repair work, and final repairs showing location and vehicle clues. The repair amount includes an administrative fee to represent fully-loaded costs. These modifications were described in detail so they could be consistently practiced in INDOT districts.

CHAPTER 6. PROPOSED BUSINESS PROCESS WITH CONTRACTOR

In the future, the contractor's role could be expanded to provide more administrative responsibilities. Many of the costs internalized by INDOT are investigating crash sites, processing the M54 and invoice and pursuing collections. A contractor in current maintenance contracts integrates the labor and equipment fees with the material line items. The costs internalized by INDOT could be transferred to the contractor who could include those costs in their line item charges.

6.1. Best Practices from the Fort Wayne District

'The Fort Wayne district' has recently added special provisions in their maintenance contract (Figure 6.1) that require the contractor to supply pictures for the repair and the crash damage (Figure 6.2) and fill out the M54 (Figure 6.3). The additional labor cost for the contractor to perform these tasks is reflected in the material line item costs. The M54 was requested to be sent as an excel sheet so INDOT can include its repair costs such as supervision, inspection, MOT, etc. as shown in Figure 6.4.

The ARIES database has a subscription fee for users outside of INDOT. The yearly subscription fee for



a) Include mile marker or landmark in picture



b) Vehicle identifiers such as a license plate



c) Vehicle identifiers such as car type indicators

Figure 5.13: Documenting damage data at crash site

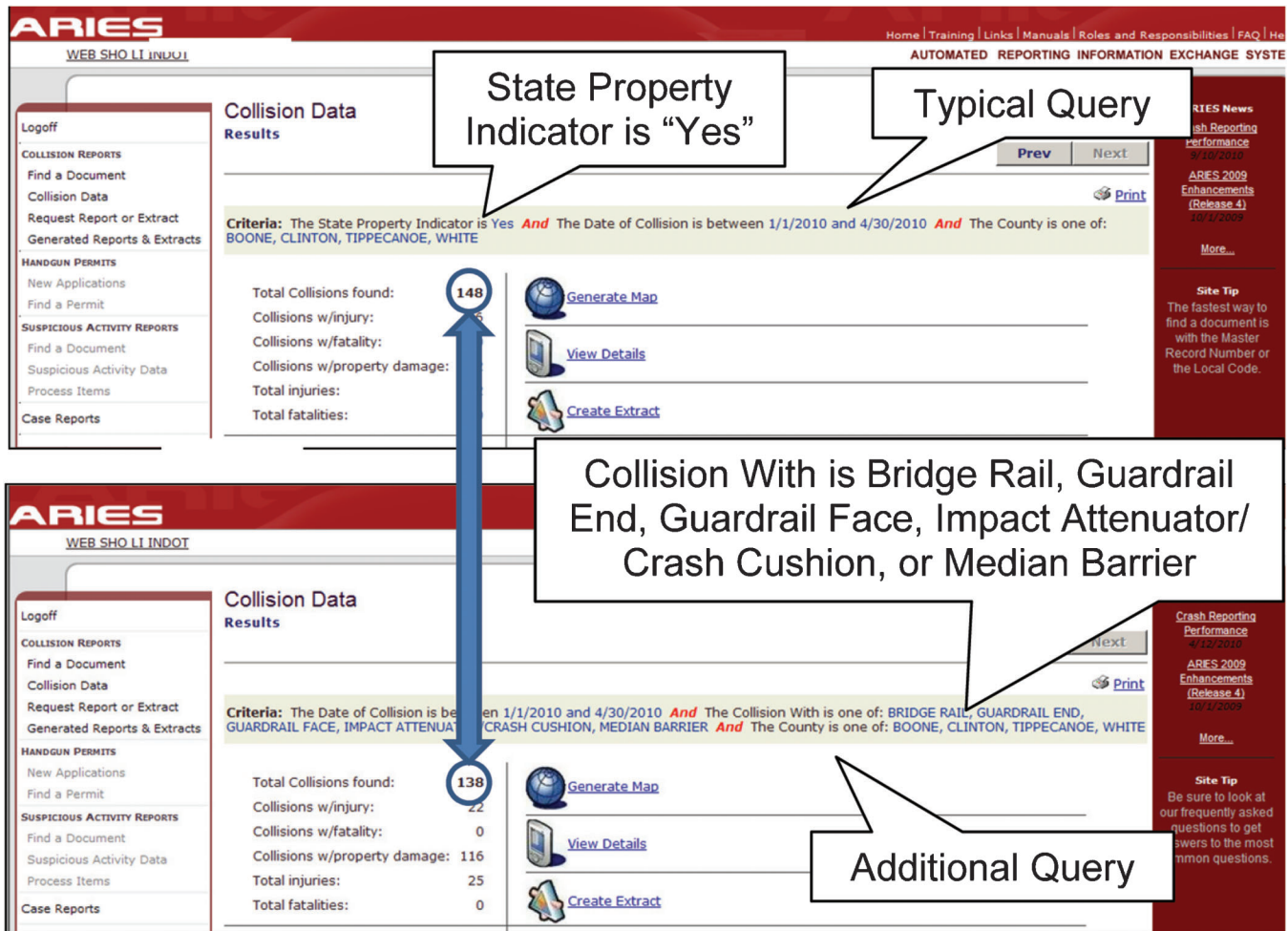


Figure 5.14: Example of the two queries for crashes with DSP

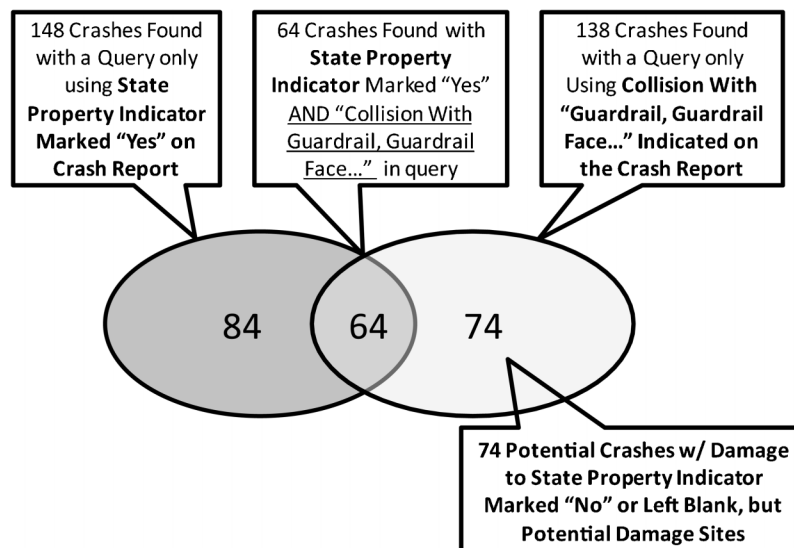


Figure 5.15: Potential amount of DSP crashes identified using both query tools (1/1/2010 – 4/30/2010) for Boone, Clinton, Tippecanoe and White counties

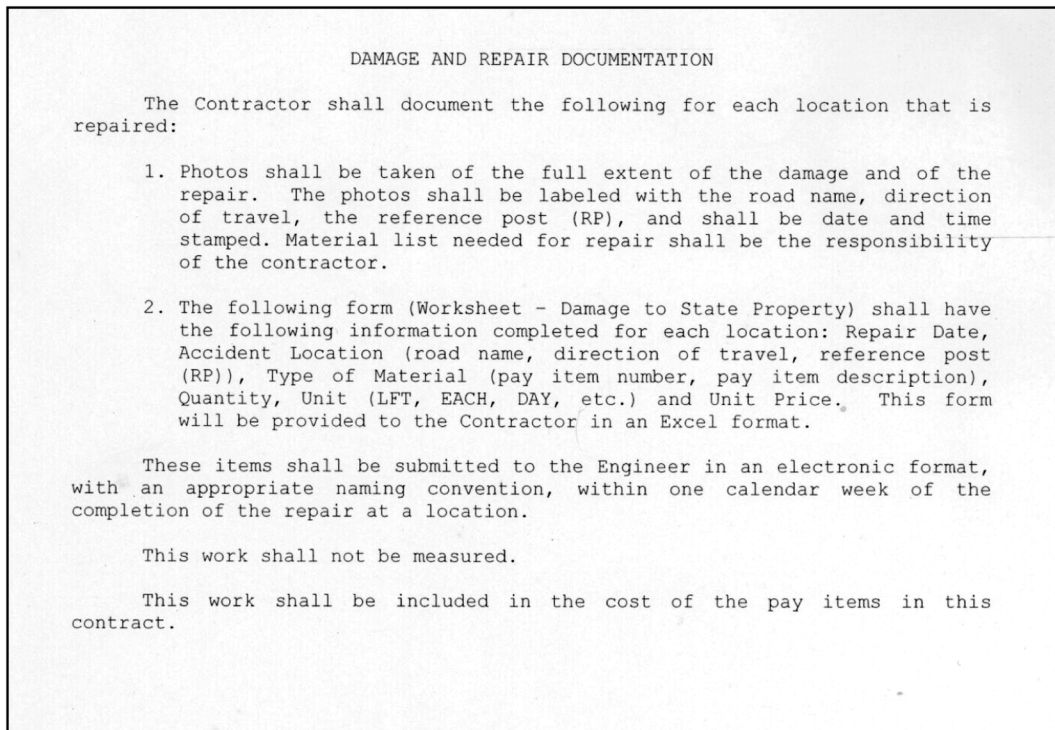


Figure 6.1: Special provisions included in district repair maintenance contract (Fort Wayne)

statewide access is \$24,000 (\$2,000/month). There were 1,376 invoices sent in 2008 and 1,444 invoices sent in 2009. A fee of approximately \$20 per invoice could cover the direct subscription cost for a contractor.

6.2. Competitive Outsourcing Contractual Challenges

The challenges of competitively outsourcing the crash repair cost recovery process are:

- transferring risk to the contractor for repairing DSP
- approving damage needed to be repaired versus insignificant hits
- evaluating the contractor's effort to collect from the insurance/driver before INDOT reimburses the contractor
- awarding the integrated manage/repair/collect contract

A higher risk will result in an increase in the contractor's prices. A repair site could be approved by INDOT by sending in crash damage pictures prior to beginning repair. INDOT can estimate the repairs for the guardrail from the crash pictures to assure that the contractor does not install unneeded material. A copy of the M54 and picture of the repair will be given to INDOT to approve the repair costs before being invoiced.

All crashes causing DSP that are not associated to a crash report are paid by INDOT. To assure contractors sufficiently seek payment from insurance/drivers, INDOT can stipulate that it will pay a lower percentage of the repair cost to give incentives to the contractor to pursue payment directly from the insurance company

or driver. On the other hand, INDOT could pay a bonus for repairs paid by the responsible parties. Another incentive could be to refuse considering payment until a specified period, say three months, after the repair.

6.2.1. Bidding an Integrated Manage-Repair-Collect Contract

Ultimately, it may be possible to develop an integrated manage-repair-collect contract that be competitively bid and awarded. Such a contract would be quite innovative and warrants careful consideration. If such an approach is pursued further, it is recommended that interviews be conducted with the contractor responsible for the 2010–2011 Boone County added travel lanes projects. Part of the pilot tagging project covered this corridor. In fact, Figure 5.5, Figure 5.6, and Figure 5.7 shows photos obtained by a contractor representative (Dan Rogers) that were subsequently used by contractor to seek reimbursement from the responsible part for repairing the sign damaged on a roadway they were still responsible for maintaining (final acceptance had not occurred on data of crash).

6.3. Conclusions and Recommendations

INDOT could reduce labor and material costs not by competitively outsourcing the process. The complete crash repair cost recovery process can be broken down

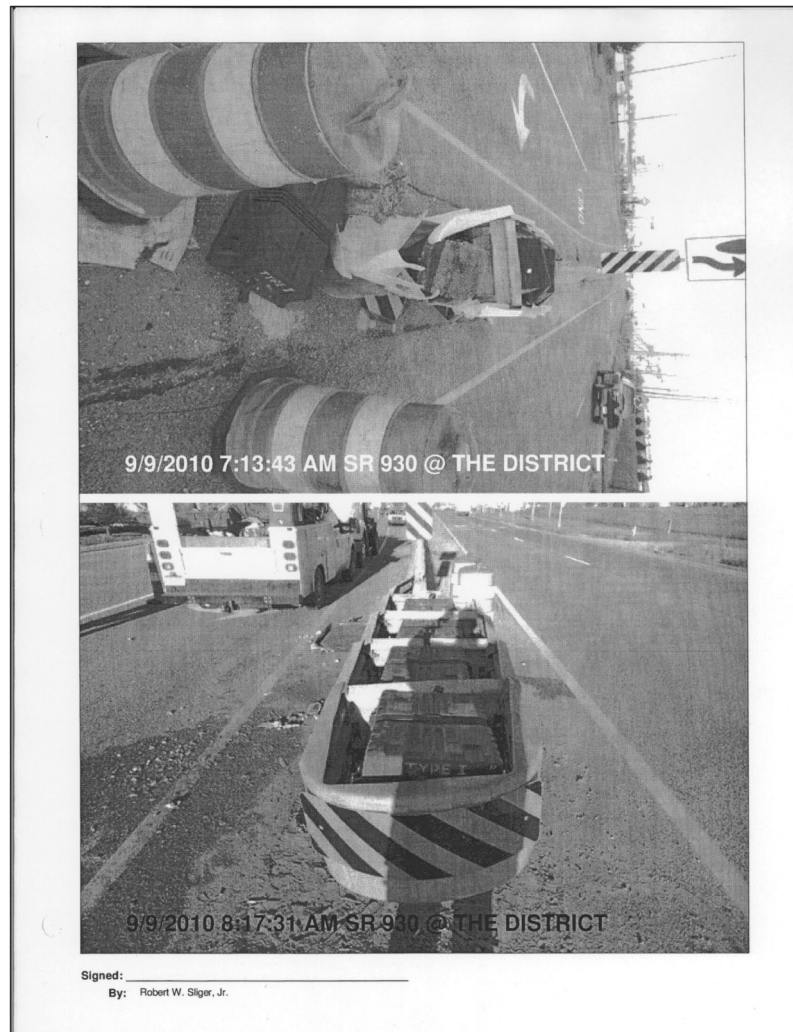


Figure 6.2: Example pictures taken and labeled by contractor (Fort Wayne District)

Form M-54

WORK SHEET - DAMAGE TO STATE PROPERTY

INDIANA DEPARTMENT OF TRANSPORTATION
REPORT TO: CLAIMS AND COMPENSATION DEPARTMENT

| | | |
|--|--------------|-----------------------|
| DISTRICT: Fort Wayne | DRIVER NAME: | ACCIDENT DATE: |
| SUB DISTRICT: | ACCIDENT #: | REPAIR DATE: 9/9/2010 |
| ACCIDENT LOCATION: SR 930 @ THE DISTRICT | | REPORT DATE: |

| | | | | |
|--|-----|------|----------|-----------------|
| 0018 - COMBINATION ATTENUATING TERMINAL, REP | 1.5 | HRS. | \$300.00 | \$450.00 |
| GRAND TOTAL: | | | | \$450.00 |

Figure 6.3: M54 filled out by contractor (Fort Wayne District)

| WORK SHEET - DAMAGE TO STATE PROPERTY | | | | |
|---|----------|--------------------|--------------------|--------------------------------|
| INDIANA DEPARTMENT OF TRANSPORTATION | | | | |
| REPORT TO: CLAIMS AND COMPENSATION DEPARTMENT | | | | |
| DISTRICT: FORT WAYNE | | DRIVER NAME: _____ | | ACCIDENT DATE: _____ |
| SUB DISTRICT: FORT WAYNE | | ACCIDENT #: _____ | | REPAIR DATE: September 9, 2018 |
| ACCIDENT LOCATION: SR 930 @ THE DISTRICT | | | REPORT DATE: _____ | |
| TYPE OF MATERIAL | QUANTITY | UNIT | UNIT PRICE | TOTAL |
| 0018 COMBINATION ATTENUATING TERMINAL, REPAIR, LABOR | 1.50 | HRS. | 300.00 | 450.00 |
| 0097 CONSTRUCTION SIGN, C | 1.00 | DAY | 15.00 | 15.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| STATE MATERIAL | | | | |
| MAN HOURS | | | | |
| 17.89 X 1.46 = 31.49 | 1.50 | HRS | 26.12 | 39.18 |
| PICKUP COMM# 62105 | 1.50 | HRS | 7.92 | 11.88 |
| QPA NUMBER 11484 | | | | |
| EXP DATE 03/31/2012 | | | | |
| ITEM 20 PART NO. 3540050-0100 PLASTIC NOSE YELLOW QG | 1.00 | EACH | 600.00 | 600.00 |
| ITEM 37 3540010-0000 CARTRIDGE ASSY. TYPE 1 QG | 1.00 | EACH | 630.00 | 630.00 |
| ITEM 37 3540020-0000 CARTRIDGE ASSY. TYPE 2 QG | 1.00 | EACH | 660.00 | 660.00 |
| PICTURES | | | | |
| UNDER CONTRACT M- 32990 | | | | |
| REPAIRED LOCATION FOR MATERIAL AND TIME ONLY | | | | |
| | | | GRAND TOTAL | 2406.00 |

Signed : _____

BY: ROBERT W. SLIGER Jr.

TITLE: EAS III

Figure 6.4: M54 filled out by INDOT (Fort Wayne District)

into several tasks that could be outsourced in portions. It is proposed that pilot programs be used to phase in competitive outsourcing or introduce new tasks for contractors in stages.

CHAPTER 7. CONCLUSIONS AND RECOMMENDATIONS

Based on the research, the low median invoice cost of \$419 does not properly reflect the actual fully-loaded

cost to repair damaged state property that should include overhead and administrative costs. There is also a large disparity between the total amount invoiced and amount recovered. To address these needs, this study focused on the following:

- Identify opportunities to increase the percent of invoices collected
- More effectively associating vehicle crash reports with crash damaged infrastructure
- Decreasing the process time
- Ensuring that invoices reflect the fully-loaded repair cost

A summary of the recommendations determined from this report are

1. Implement the revised M54 (Chapter 5)
2. Implement a tagging system for law enforcement to identify damage while at a crash site (Chapter 5)
3. Train district on best practices for ARIES database queries
4. Send a notification letter to the driver and insurance company when their information is located and associated to the crash damage
5. Include an administrative and overhead fee on the invoice
6. Identify key stakeholders/owners of the process
7. Establish district performance measures for assessing
 - Elapsed time from the date of crash to the date the revised M54 is completed
 - Elapsed time from the revised M54 to invoice
 - Aged receivable report
 - Invoice versus collection amount

These recommendations are described further in the remainder of this chapter.

7.1. Recommendation 1: Revision of M54 Form

This report strongly recommends implementing a revised M54 as shown in Figure 5.8 and Figure 5.9, and described in Chapter 5. The revised M54 guides stakeholders to include the full repair costs and follow consistent practices. Ideally, this would be a web based form that supports digital photo uploads.

7.2. Recommendation 2: Damage Tagging System

Implementation of a law enforcement tagging system is strongly recommended and used in Minnesota, Florida, and North Carolina because of the potential to immediately associate crash damaged infrastructure to a crash report. The need for a crash report query is minimized if a tag or decal marks the damage to state property. The tag/decal (Figure 4.3) shows the crash report identification number and crash date which reduce uncertainty who is the responsible party.

7.3. Recommendation 3: Maintenance Crew Notification

This report recommends that the maintenance crews note the tag damage they identify on INDOT routes by

taking a picture with a time stamp and GPS location associated to the picture. At this point, the maintenance crew should start the revised M54 process as described in Chapter 5.

7.4. Recommendation 4: Increasing Query Capability

This report recommends using two queries to search for crash reports as shown in Figure 5.14 before tagging is implemented. A selected application of the query has increased the potential invoice amount state wide by approximately \$89,000 for only 3½ months of the year. The first query includes the date range, counties within jurisdiction and the state property indicator marked “yes.” The other query searches the criteria with the same date range and counties, but selects “Collision with” and highlights “bridge rail, guardrail end, guardrail face, impact attenuator/crash cushion, and median barrier.” The second query was not consistently used by all INDOT districts.

7.5. Recommendation 5: Early Notification to Driver/ Insurance Company

The Oregon Department of Transportation sends a letter to the driver and/or insurance company once their contact information has been identified as seen in Figure 4.9 and Figure 4.10. The letter notifies them that damages are being inspected and they may be billed for repair costs. A driver and/or insurance company aware of the pending infraction will be more likely to pay the invoice. This report recommends INDOT adapt a similar practice. A special procedure should be implemented to expedite the crash repair recovery process for property damage that is projected to be large (say over \$50,000) as indicated on the crash report.

7.6. Recommendation 6: Recovering Fully-Loaded Costs

The Michigan Department of Transportation applies to their invoice a flat administration fee of 28.73% as part of their repair costs, Figure 2.17. INDOT does not include an overhead or administration fee. This report proposes an administration and overhead fee be added to the invoice to capture the repair costs incurred by INDOT.

7.7. Recommendation 7: Key Stakeholders and Owners

The personnel responsible for each phase of the crash repair recovery process need to be identified for each district. An owner or manager should be appointed to oversee that the system is operating efficiently and coordinates the efforts between the distinct stages. They could review the performance measures of their district and sub-districts to determine where improvements are needed. A single process owner assures that recovery practices are consistent throughout the district.

7.8. Recommendation 8: Performance Measures

This report recommends that the state establish four performance measures to evaluate the crash repair cost recovery process:

- Elapsed time between the crash date and completing the revised M54
- Elapsed time between the revised M54 and the invoice sent
- A distribution of aged receivables
- Invoice versus collection amount

Each performance measure evaluates the efficiency of certain stages of the crash repair cost recovery process. The performance measures could be applied on the state, district or sub-district level if the dates, amounts and areas are recorded.

7.9. Future Research

An alternative to in-house repairs is competitive outsourcing of the repair work. The responsibility of the contractor in addition to making the repairs would be the administration management of the paperwork necessary to recover payment from the responsible parties of crashes with DSP. The costs that are not reimbursed by insurance companies and/or the driver would continue being paid from the INDOT maintenance budget, limiting the risk to the contractor. There are many challenges in contractual organization and task designation that need to be addressed before competitive outsourcing could be implemented.

7.10. Closing

The current INDOT crash repair cost recovery process collects over \$1 million each year, but could consistently collect a larger amount by standardizing best management practices throughout the agency. This report recommends practices that have been piloted in Indiana or have been implemented in peer states with positive results. The main benefits expected from these recommendations are an increase in invoice collection rates, increase in the number of invoices due to better association between the crash report and DSP, and an increase in the invoice amount per crash by applying and overhead and administration fees.

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APPENDIX

Hello,

My name is Alex [] and I'm a graduate student from Purdue University. We are currently studying the Indiana DOT process to recover costs associated with repairing guardrail and other infrastructure damaged by motor vehicle crashes. We are trying to identify practices used by other agencies to recover costs of repairing damaged infrastructure along roadways. We are specifically reviewing damaged infrastructure such as guardrail, signs, and crash attenuators. We are interested in comparing Indiana's DOT method to initiate the cost recovery process to other agencies. INDOT currently begins their cost recovery process by querying crash reports on a state maintained crash database. Here are a few questions that would greatly help us with this study:

Question 1: What mechanism in your agency is used for a trigger to start a file for obtaining reimbursement for damages associated with a motor vehicle crash? Some examples may include field observations, crash report queries, or calls from public safety officials and/or concerned citizens.

Question 2: Do you have a formal process (a form or procedure) used to document crash repair costs and recover those from the vehicle owner or insurance company? If a form is used, could we obtain a copy?

If you don't have these answers, would you please let me know who would know or forward this email to the appropriate department? Any reply to this email may be sent to []@purdue.edu. Please feel free to give me a call at (765) [] with any questions or concerns you may have. Thank you for your time and insight.

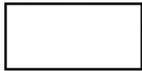


Figure A.1: May 2010 survey for US states

XXXXXXX,

Thank you for your response to our questions concerning the cost recovery process for crash-damaged state-owned infrastructure. To date we have received a comprehensive response from 26 states and lots of requests to share information. We are following-up for two reasons:

1. To share the data we have collected and facilitate interaction; we have scheduled a webinar for Wednesday September 15, 2010 at 1 pm (NY Time). To access the webinar please go to <https://gomeet.itap.purdue.edu/claims/>. The accompanying audio will be on a teleconference (1-605-475-6333 PIN# 931819) that will permit interactive Q&A following the short presentation of results.
2. The information we received has been extremely helpful for our study. However, the responses varied greatly so we have included a follow-up list of questions to help us more accurately document the state of the practice to identify best practices for identifying and processing claims.

Please reply to this email with responses in the space immediately following each question. If you have already provided the requested information for a particular question in a previous e-mail or conversation, please skip to the next question.

The additional questions are as follows:

1. With reference to your claims damage invoice, what are the rates or amounts you add to your direct labor costs?
 - a. Fringe Benefits (e.g. worker insurance)
 - b. General agency overhead
 - c. Administrative fee for legal services, filing fees, collections, etc.?
 - d. Other fees [Please describe] (Y/N)
2. Can we receive an example letter of your invoice letter and/or worksheet of repair costs if you have not already sent one to us?
3. If maintenance crews are used to trigger the cost recovery process, approximately how often do the crews complete their route circuit looking for crash damage? (e.g. weekly, 2 times/month, etc.)
4. Are crash reports used to identify opportunities to recover repair costs? How often is the database queried for damaged infrastructure?
5. Do you use penalties or payment incentives to encourage on-time invoice payments (Y/N) (e.g. if 10-days late, a penalty fee is applied)?
 - a. If 'Yes', please describe and provide percent rate/amount

Figure A.2: July 2010 survey for US states

6. Is there a min cost to start the recovery process (Y/N)? _____ (amount)

7. Is there a min cost to forward a claim to a collection agency (Y/N)? _____ (amount)

8. On an annual basis, could you estimate the amount invoiced?

a. What is the approximate successful rate for collections per year?
_____ rate by percent or amount?

Please feel free to contact me at (801) [] if you should have any questions or require additional information. A follow up reminder will be sent prior to the webinar. Thank you for all of your help.

[]

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School of Civil Engineering
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West Lafayette, IN 47907-2051
[]@purdue.edu



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

LYNDI TIPPETT
SECRETARY

September 1, 2004

MEMORANDUM TO

Division Engineers
District Engineers

FROM:

W.S. Varnedoe, P.E.
Chief Engineer - Operations

SUBJECT:

Guardrail/Guiderail Tagging Procedures

Division Four has been conducting a pilot project in which State Highway Patrol Troopers are tagging guardrail/guiderail damaged by motor vehicle accidents.

Attached is a copy of the general guidelines for this tagging process. According to the procedures, troopers will place a yellow tag on the damaged guardrail to facilitate more speedy repairs, accurate identification of the responsible party, and timely reimbursement. Division Four has realized and/or documented a higher percentage of reimbursement from responsible individual(s) since implementing this process.

We recently met with Colonel Fletcher Clay with the State Highway Patrol and jointly agreed to implement this new process. The Department of Transportation has agreed to provide the material identified in the attachment to the patrol at no cost and will replenish the materials needed. The State Highway Patrol will advise their troopers that the Department of Transportation will have this material available and they can contact their local Department of Transportation maintenance office to obtain the kits.

I appreciate the effort Debbie Leonard and the other Division Four staff has put into making this pilot project a success. I believe this new procedure will significantly improve efficiencies.

If you have any questions, please let me know.

WSV/kt

Attachments

cc: Colonel Fletcher Clay, State Highway Patrol
Major Mark Johnson, State Highway Patrol
Len Sanderson, State Highway Administrator
Mark Foster, Chief Financial Officer
Bill Rosser, Director of Field Operations
Lacy D. Love, Director of Asset Management
Drew Harbinson, P.E.
Jennifer Brandenburg, P.E.

MAILING ADDRESS:
NC DEPARTMENT OF TRANSPORTATION
CHIEF ENGINEER'S OFFICE
1537 MAIL SERVICE CENTER
RALEIGH NC 27699-1537

TELEPHONE: 919-733-7821
FAX: 919-733-4141

WEBSITE: WWW.DOT.STATE.NC.US

LOCATION:
TRANSPORTATION BUILDING
1 SOUTH WILMINGTON STREET
RALEIGH NC

Figure A.3: North Carolina pilot program memorandum

GUARDRAIL/GUIDERAIL TAGGING PROCEDURE

1. Troopers receive a Guardrail Tag Bag, containing 25 Tags, 25 Plastic Ties and a waterproof marker. (Additional bags, tags, ties and markers will be available from the local CME office).
2. After a crash has occurred and after their investigation is complete, Troopers complete the information on the tag and attach the tag to the damaged area. (Ties can be combined to reach around bigger sections of guardrail). The type of information that is included on the tag is from the collision report (DMV-349) and includes:
 - Date/Time of Crash
 - Sequence Number
 - Vehicle information
 - Make/model
 - Lic. Tag
 - Estimated Damage (Ft)
 - Officer
 - Agency
3. A basket is located at the State Highway Patrol office where a copy of the report is placed for the DOT inspector to pick up. These reports are picked up on a routine basis (Daily in some areas). Areas of damage that would require immediate attention from DOT are reported by phone to the county in which the damage occurred and is tagged.
4. DOT inspector obtains the reports and matches the tags on site with the appropriate (DMV-349) report. The sequence number from the report is on the tag. An inspector can also request a report based on the information that he obtains from a tag. (This occurs if the inspector sees the damage before a report has been completed). After the damage is located, the inspector completes his estimate of the quantities to give to the contractor and initials the back of the tag. The tag remains on the area of damage until repairs are made to eliminate duplicating estimates and billing. The inspector assigns the work to a contractor to complete with the appropriate information. The contractor can then remove the tag when the repairs have been completed.

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

I. Preliminary Field Investigation: (a) Observation Date: _____ (b) Observed By: _____
(c) County: White (d) Sub-district: Fowler
(e) Location Description (MM ###.# or Cross Streets & Direction): US231 CR800N (185.5) SB (Eside)
(f) Description of Damage (Circle One or More): Guardrail Crash Attenuator Cable-Median Barrier Sign
Rutting Tension Anchor MSE Wall Traffic Sign Pole ITS Equipment Fence Other

II. Detailed Field Investigation: (a) Investigation Date: 2/11/2010 (b) Investigated By: Grant Farnsworth
(c) Detailed Location Description: US231 CR800N (185.5) SB (Eside) (d) Lat/Longitude: 40.16158, -87.9054
(e) Detailed Damage Description: Guardrail hit on east side, debris found on side of road; no identifiers
(f) Work Order Repair Estimated Pay Items (Quantities ONLY):

| ITEM | QUANTITY |
|---|----------|
| Guardrail Steel Beam Galvanized (LF) | 100 |
| Guardrail Post Bracket | 25 |
| Guardrail Post | 20 |
| Guardrail Post Plumb | 15 |
| INDOT Estimate/Inspection | ? |
| Other contractor costs (e.g. traffic control, mobilization) | ? |

(g) Archived Crash Pictures Network Directory: C:\Fowler\DetailedFieldInvestigation\2010 02 11\
US231 CR800N Eside GR

III. Office Investigation: (a) Crash ID: 901272115 (b) Crash Date: 01/20/2010
(c) Crash Record is Attached: YES / NO (d) Date Notification Letters Sent to Driver(s) & Insurer(s): _____
(e) Number of Drivers & Insurers Notifications Letters Sent To: _____
(f) Archived Repair Pictures Network Directory: C:\Fowler\OfficeInvestigation\901272115\RepairedPhotos
(g) New Archived Crash Picture Location: C:\Fowler\OfficeInvestigation\901272115\DamagedPhotos\US231 CR800N Eside GR

IV. Work Order Repair Estimate: (a) Estimation Date: 02/18/2010
(b) Estimated By: G. Farnsworth/V. VanAllen (c) Final Pay Items: (See Back)

V. Approval to Proceed with Repair: (a) Responsible Manager: _____
(b) Approval Date: _____ (c) Work Order #: _____

VI. Documentation of Repair: (a) Repair Date(s): _____ (b) Repaired by: INDOT / Contractor
(c) Photo of Repair Completed: Y / N (d) Inspected by (Optional): _____
(e) Detailed Schedule of Actual Pay Items and Costs (See Back)

VII. Accounting Tracking: (a) Invoice Date: ??? (b) Invoice Amount: \$2,451
(c) Paid Date: _____ (d) Paid Amount: _____
(e) Close out Summary Details and Narrative: _____

Form M-54

Figure A.4 US231 CR800N invoice

CRASH PHOTOS



Figure 1: US231 SB; East Side: MM: ~185.5; Damaged Guardrail Posts; Photo Facing North



Figure 2: US231 SB; East Side: MM: ~185.5; Damaged Guardrail; Photo Facing Southeast



Figure 3: US231 SB; East Side: MM: ~185.5; Repaired Guardrail; Photo Facing East



Figure 4: US231 SB; East Side: MM: ~185.5; Repaired Guardrail Posts and Sod; Photo Facing North



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901272115

Page 1 of 4

Local ID

1420100120200453

| | | | | | | | | | |
|---------------------------------|--------------------|------------------------------|---|---------------------|--|----------------|----------------|----------------------------|---------------------------------|
| Date of Crash 01/20/2010 | Day of Week Wed | Actual Local Time 8:05 PM | County MONTGOMERY | Township MADISON | # Motor Vehicles 1 | # Injured 0 | # Dead 0 | # Commercial Vehicles 1 | # Deer 0 |
| Road Crash Occurred On US231 | | | Nearest Intersecting Road/Mile Marker/Interchange 800 N RD | | If not an intersection, number of feet from 500 | | Direction N | | Road Classification US ROUTE |
| Inside Corporate Limits? NO | | | City/Town or Nearest City/Town CRAWFORDSVILLE | | Property? OTHER | | Crash Latitude | | Crash Longitude |
| Driver #1 KENT, WALKER, L | | | Driver #2 | | Driver #3 | | Driver #4 | | |

| Primary Cause | | | | Vehicle Contributing Circumstances | | | | Area Information | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--|---------------------------|--|--|
| Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hit and Run | NC | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | School Zone | NC | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rumble Strips | NC | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Locality | URBAN | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Light Condition | DARK (NOT LIGHTED) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weather Conditions | SLEET/HAIL/FREEZING RAIN | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Surface Condition | ICE | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type of Median | NONE | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type of Roadway Junction | NO JUNCTION INVOLVED | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Road Character | STRAIGHT/HILLCREST | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roadway Surface | ASPHALT | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction | If Yes, Construction Type | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NO | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Control Devices | NONE | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Control Device Operational? | NA | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was this crash the result of aggressive driving? | NO | | |

Total Estimate of all damage in the Crash:

\$5001 TO \$10000

| | | |
|---------------------------|----------------|--------------------------|
| Other Property Damage (1) | State Property | Owner's Name and Address |
| Other Property Damage (2) | State Property | Owner's Name and Address |

| Witness/Other Participant | | | | Non-Motorist | |
|--|---|------|---------------------------|---|---------------------|
| <input type="checkbox"/> Witness | # | Name | | (Last Name, First Name, MI) | |
| <input type="checkbox"/> Other Participant | | | | Non-Motorist Type | Non-Motorist Action |
| Address etc. | | | | | |
| Phone # | | | Location at Time of Crash | Apparent Physical Condition | |
| <input type="checkbox"/> Witness | # | Name | | Cited? | Direction |
| <input type="checkbox"/> Other Participant | | | | | |
| Address etc. | | | | Street/Highway | |
| Phone # | | | Location at Time of Crash | Traffic Control? If yes, was traffic control operational? | |

Local ID
1420100120200453

901272115

Page 2 of 4

| | | | | | |
|--|--|--------------------------------|----------------------------------|--|----------------------|
| Type of Crash RAN OFF ROAD | | | | | |
| Time Notified 8:05 PM | | Time Arrived 8:12 PM | | Other Location of Investigation NA | |
| Assisting Officer | | ID No. | Agency | Investigation Complete? | Photos Taken? |
| | | | | YES | NO |
| Assisting Officer | | ID No. | Agency | Date of Report | |
| | | | | 01/20/2010 | |
| Investigating Officer JACKSON, K | | ID No. 5011 | Agency ISPLAFAYETTE 14 | Reviewing Officer A HAMPTON | |

Narrative

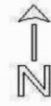
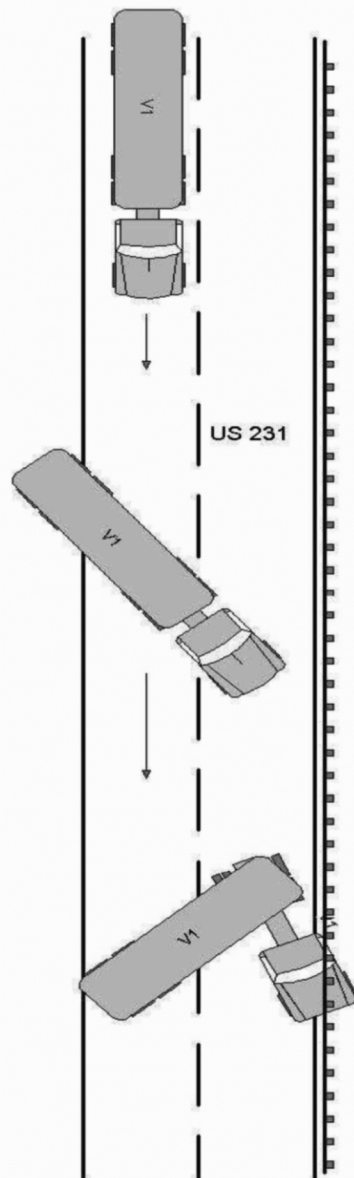
On 1-20-2010 I was advised by Crawfordsville Dispatch that there was an accident involving a jack-knifed semi on US 231 south bound near County Road 800 north in Montgomery County. I arrived on scene and located the semi, which was blocking both lanes of travel and was jack-knifed on top of the guard rail. I spoke with, WALKER L KENT, the driver who stated that he was traveling southbound on US 231 and when he traveled onto the bridge just north of CR 800 north he began to lose control. Mr. Kent stated that he started to jack-knife then collided with the barrier wall.

I then spoke with, LARRY W KENT, who was sleeping in the sleeper bed of the truck. He stated that when they struck the barrier wall he was thrown from the bed and struck with falling debris.

Larry was transported to St. Clare Hospital by EMS # 0687. He had complaint of pain in his neck and back.

The vehicle was removed by Froedge's Towing.

| NON-DRIVER INJURED INFORMATION | | | | 901272115 | Page 4 of 4 |
|---|--|-------------|--|----------------|-------------|
| Local ID 1420100120200453 | | | | | |
| Injured Pre-crash Location: Veh# 1 INJURED | | | Safety Equipment Used NO RESTRAINT | | |
| Name (Last, First, MI) KENT, LARRY W | | | Safety Equipment Effective? | | |
| Address (Street, City, State, Zip) 20 NORTHWOOD OAK CT | | | Ejection/Trapped NOT EJECTED OR TRAPPED | | |
| City OXFORD | | State GA | | ZIP 30054 | |
| Date of Birth 10/09/1955 | | Age 54 | | Gender MALE | |
| Position in or on Vehicle | | | EMS No. 0687 | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> <input type="checkbox"/> Rear <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </div> | | | Immed Attn NO | | |
| | | | Driver Injury Status NON-INCAPACITATING | | |
| | | | Nature of Most Severe Injury COMPLAINT OF PAIN | | |
| | | | Location of Most Severe Injury NECK | | |
| | | | Test Given Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | |
| | | | Alcohol Results Certified Drug Results PBT Test <input type="checkbox"/> Pending | | |
| Injured Pre-crash Location: Veh# | | | Safety Equipment Used | | |
| Name (Last, First, MI) | | | Safety Equipment Effective? | | |
| Address (Street, City, State, Zip) | | | Ejection/Trapped | | |
| Date of Birth | | Age | | Gender | |
| Position in or on Vehicle | | | EMS No. | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> <input type="checkbox"/> Rear <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </div> | | | Immed Attn | | |
| | | | Driver Injury Status | | |
| | | | Nature of Most Severe Injury | | |
| | | | Location of Most Severe Injury | | |
| | | | Test Given Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | |
| | | | Alcohol Results Certified Drug Results PBT Test <input type="checkbox"/> Pending | | |
| Injured Pre-crash Location: Veh# | | | Safety Equipment Used | | |
| Name (Last, First, MI) | | | Safety Equipment Effective? | | |
| Address (Street, City, State, Zip) | | | Ejection/Trapped | | |
| Date of Birth | | Age | | Gender | |
| Position in or on Vehicle | | | EMS No. | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> <input type="checkbox"/> Rear <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </div> | | | Immed Attn | | |
| | | | Driver Injury Status | | |
| | | | Nature of Most Severe Injury | | |
| | | | Location of Most Severe Injury | | |
| | | | Test Given Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | |
| | | | Alcohol Results Certified Drug Results PBT Test <input type="checkbox"/> Pending | | |
| Injured Pre-crash Location: Veh# | | | Safety Equipment Used | | |
| Name (Last, First, MI) | | | Safety Equipment Effective? | | |
| Address (Street, City, State, Zip) | | | Ejection/Trapped | | |
| Date of Birth | | Age | | Gender | |
| Position in or on Vehicle | | | EMS No. | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> <input type="checkbox"/> Rear <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </div> | | | Immed Attn | | |
| | | | Driver Injury Status | | |
| | | | Nature of Most Severe Injury | | |
| | | | Location of Most Severe Injury | | |
| | | | Test Given Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | |
| | | | Alcohol Results Certified Drug Results PBT Test <input type="checkbox"/> Pending | | |



NOT TO SCALE

14-2010-0120-200453
01-20-2010
Trp. Clint Jackson

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

I. Preliminary Field Investigation: (a) Observation Date: _____ (b) Observed By: _____
(c) County: White (d) Sub-district: Fowler
(c) Location Description (MM ###.# or Cross Streets & Direction): I65 193.4 SB
(d) Description of Damage (Circle One or More): Guardrail Crash Attenuator Cable-Median Barrier Sign
Rutting Tension Anchor MSE Wall Traffic Sign Pole ITS Equipment Fence Other

II. Detailed Field Investigation: (a) Investigation Date: 2/16/2010 (b) Investigated By: Grant Farnsworth
(c) Detailed Location Description: I65 193.4 SB (d) Lat/Longitude: 40.66852, -87.04218
(e) Detailed Damage Description: Guardrail hit on west side twice and east side of SB lane, Volvo bumper found
(f) Work Order Repair Estimated Pay Items (Quantities ONLY):

| ITEM | QUANTITY |
|---|----------|
| Guardrail posts | 10 |
| Guardrail Steel Beam (LF) | 100 |
| Guardrail Brackets | 10 |
| INDOT Estimate/Inspection | ? |
| Other contractor costs (e.g. traffic control, mobilization) | ? |
| | |

(g) Archived Crash Pictures Network Directory: C:\Fowler\DetailedFieldInvestigation\2010_02_06\
I65 193.4 SB Guardrail

III. Office Investigation: (a) Crash ID: 901273493 (b) Crash Date: 02/06/2010
(c) Crash Record is Attached: YES NO (d) Date Notification Letters Sent to Driver(s) & Insurer(s): _____
(e) Number of Drivers & Insurers Notifications Letters Sent To: _____
(f) Archived Repair Pictures Network Directory: C:\Fowler\OfficeInvestigation\901273493\RepairedPhotos
(g) New Archived Crash Picture Location: C:\Fowler\OfficeInvestigation\901273493\DamagedPhotos\I 65 193.4 SB Guardrail

IV. Work Order Repair Estimate: (a) Estimation Date: 03/02/2010
(b) Estimated By: G. Farnsworth/V. VanAllen (c) Final Pay Items: (See Back)

V. Approval to Proceed with Repair: (a) Responsible Manager: _____
(b) Approval Date: _____ (c) Work Order #: _____

VI. Documentation of Repair: (a) Repair Date(s): before 5/20/2010 (b) Repaired by: INDOT / Contractor
(c) Photo of Repair Completed: Y / N (d) Inspected by (Optional): _____
(e) Detailed Schedule of Actual Pay Items and Costs (See Back)

VII. Accounting Tracking: (a) Invoice Date: ??? (b) Invoice Amount: \$1,580
(c) Paid Date: _____ (d) Paid Amount: _____
(e) Close out Summary Details and Narrative: _____

Form M-54

Figure A.5: I65 193.4 SB invoice

Report to CLAIMS AND COMPENSATION DEPARTMENT

| | | | |
|---------------|---------|--|---------|
| COST ESTIMATE | \$1,680 | | |
| ACTUAL COST | | | \$1,580 |

Form M-54

CRASH PHOTOS



Figure 1: I65 SB; West Side; MM: ~193.4; Damage to Guardrail; Photo Facing South



Figure 2: I65 SB; East Side; MM: ~193.4; Damage to Guardrail (Another Crash Hit Attenuator); Photo Facing East



Figure 3: I65 SB; West Side; MM: ~193.4; Repair of 2nd Guardrail Hit; Photo Facing West



Figure 4: I65 SB; East Side; MM: ~193.4; Repair of 1st Guardrail Hit; Photo Facing Southeast



INDIANA OFFICER'S STANDARD CRASH REPORT
Electronic Version

Page 1 of 3

901273493

Local ID
1420100206001246

| | | | | | | | | | |
|--------------------------------|--------------------|-------------------------------|--|------------------------|---|----------------|----------------|----------------------------|-----------------------------------|
| Date of Crash 02/06/2010 | Day of Week Sat | Actual Local Time 12:12 AM | County WHITE | Township WEST POINT | # Motor Vehicles 1 | # Injured 0 | # Dead 0 | # Commercial Vehicles 1 | # Deer 0 |
| Road Crash Occurred On 165 | | | Nearest Intersecting Road/Highway/Interchange 193.0 | | If not an intersection, number of feet from 10 | | Direction N | | Road Classification INTERSTATE |
| Inside Corporate Limits? NO | | | City/Town or Nearest City/Town WOLCOTT | | Property? OTHER | | Crash Latitude | | Crash Longitude |
| Driver #1 HALL, TYRONE | | | Driver #2 | | Driver #3 | | Driver #4 | | |

| Primary Cause | | | | Vehicle Contributing Circumstances | | | | Area Information | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------|--|--|
| Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hit and Run | NC | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | School Zone | NC | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rumble Strips | NC | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Locality | RURAL | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Light Condition | DARK (NOT LIGHTED) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weather Conditions | SEVERE CROSS WIND | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Surface Condition | ICE | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type of Median | BARRIER WALL | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type of Roadway Junction | NO JUNCTION INVOLVED | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Road Character | STRAIGHT/HILLCREST | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roadway Surface | ASPHALT | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction | If Yes, Construction Type | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Control Devices | LANE CONTROL | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Control Device Operational? | NA | | |

Total Estimate of all damage in the Crash:
\$25001 TO \$50000

| | | |
|---------------------------|----------------|--------------------------|
| Other Property Damage (1) | State Property | Owner's Name and Address |
| Other Property Damage (2) | State Property | Owner's Name and Address |

| Witness/Other Participant | | Non-Motorist | |
|--|---------------------------|---|---------------------|
| <input type="checkbox"/> Witness <input type="checkbox"/> Other Participant | # Name | (Last Name, First Name, MI) | |
| Address etc. | | Non-Motorist Type | Non-Motorist Action |
| Phone # | Location at Time of Crash | Apparent Physical Condition | |
| <input type="checkbox"/> Witness <input type="checkbox"/> Other Participant | # Name | Cited? | Direction |
| Address etc. | | Street/Highway | |
| Phone # | Location at Time of Crash | Traffic Control? If yes, was traffic control operational? | |

Local ID
1420100206001246

901273493

Page 2 of 3

| | | | | | |
|--|--|---------------------------------|-----------------------------------|---|-----------------------------------|
| Type of Crash HEAD ON | | | | | |
| Time Notified 12:12 AM | | Time Arrived 12:16 AM | | Other Location of Investigation AT SCENE ONLY | |
| Assisting Officer | | ID No. | Agency | Investigation Complete? YES NO | Photos Taken? YES NO |
| Assisting Officer | | ID No. | Agency | Date of Report 02/06/2010 | |
| Investigating Officer STINSON, T | | ID No. 5202 | Agency ISP LAFAYETTE 14 | Reviewing Officer A HAMPTON | |

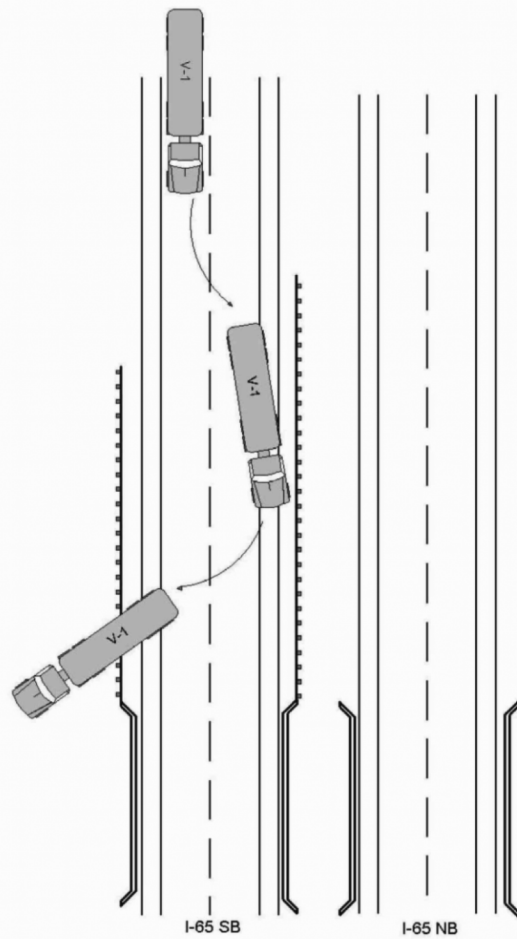
Narrative

On 2-6-2010 at approximately 12:12 a.m. Vehicle 1 was SB on I-65 near 193 MM. Vehicle 1 was traveling in the right driving lane when a severe cross-wind struck his vehicle. Driver 1 stated that the wind lifted one side of his trailer and truck. He stated that he then turned to keep the truck from tipping onto its side when it came back down. When the truck landed back on all its tires it turned into the east guard rail. Then V-1 crossed both lanes and struck the west guard rail. The semi then jack knifed and landed on top of the west guard rail.

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Not a Legal State Copy

For Internal Use Only
Not a Legal State Copy

| UNIT INFORMATION | | | | 901273493 | | Page 3 of 3 | |
|---|--|-------------------------------------|--|--|--|----------------------|--|
| Local ID 1420100206001246 | | | | | | | |
| Driver's Name (Last, First, MI) 1 HALL, TYRON, E | | | | Safety Equipment Used LAP + HARNESS | | | |
| Address (Street, City, State, Zip) 196 JIM BRYANT RD EAST PALATKA FL 32131 | | | | Safety Equipment Effective? YES | | | |
| | | | | Ejection/Trapped NOT EJECTED OR TRAPPED | | | |
| Date of Birth 06/20/1983 | | Age | | Gender MALE | | Driver Injury Status | |
| Driver's License # H400805332200 | | Lic Type CD | | CDL Class A | | Lic State FL | |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | | | Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll/From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None | | | |
| Test Given NONE | | | | Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | | |
| Alcohol Results Certified <input type="checkbox"/> Pending <input type="checkbox"/> | | | | Drug Results | | | |
| Vehicle Identification 4V4NC9GH8/H461218 | | | | Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| Registered Owner's Name (Last, First, MI) RISINGER BROS Address (Street, City, State, Zip) 225 W COURTLAND ST. MORTON IL 61550 | | | | Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| Towed? To JOHNSONS YES By JOHNSONS Due to Disabling Damage YES | | | | Vehicle Use COMMERCIAL (BUSES, TAXIS, COMMON, CONTRACT) | | | |
| 1a Lic State IL Lic Year 2010 Registered Owner's Name (Last, First, MI) Same as Driver | | | | Emergency Run? Fire? NO | | | |
| License# 363532ST Address (Street, City, State, Zip) 225 W COURTLAND ST | | | | Vehicle Type TRACTOR/CNE SEMI TRAILER | | | |
| Veh Year 2005 Make STOUGHTON MORTON IL 61550 | | | | Pre Crash Vehicle Action GOING STRAIGHT | | | |
| Lic State IL Lic Year Registered Owner's Name (Last, First, MI) Same as Driver | | | | Direction of Travel SOUTH | | | |
| License# Address (Street, City, State, Zip) | | | | Type of Primary/Secondary Roadway One Way Traffic Two Way Traffic | | | |
| Veh Year Make | | | | <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Private Drive | | | |
| Commercial Vehicle: Carrier's Name and Address 1 RISINGER BROS INC 225 W COURTLAND ST MORTON IL 61550 | | | | <input type="checkbox"/> Two Lanes <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lanes (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) | | | |
| HAZMAT Proper Shipping Name: | | | | Event Collision With 1. GUARDRAIL FACE 2. GUARDRAIL FACE | | | |
| US DOT# 244981 | | ICC# | | CMV Inspection NO | | If Yes | |
| Gross Vehicle Weight Rating 26,001# OR MORE | | Cargo Body Type VAN/ENCLOSED BOX | | | | | |
| HAZMAT Placard NC | | HAZMAT Release of Cargo NO | | HAZMAT 4-Digit ID# | | Hazard Class # | |



NOT TO SCALE

Crash # 1420100206001246
Date- 02-06-2010
I-65 SB at 193 MM
Trooper Stinson 8202

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

I. Preliminary Field Investigation: (a) Observation Date: 4/12/2010 (b) Observed By: Tony Johnson
(c) County: White (d) Sub-district: Fowler
(c) Location Description (MM ###.# or Cross Streets & Direction): I65 197.4 SB Median by Bridge Pillars
(d) Description of Damage (Circle One or More): Guardrail Crash Attenuator Cable-Median Barrier Sign
Rutting Tension Anchor MSE Wall Traffic Sign Pole ITS Equipment Fence Other

II. Detailed Field Investigation: (a) Investigation Date: 4/12/2010 (b) Investigated By: Grant Farnsworth
(c) Detailed Location Description: I65 197.4 SB (d) Lat/Longitude: 40.71769, -87.07892
(e) Detailed Damage Description: I65 197.4 SB Median by Bridge Pillars
(f) Work Order Repair Estimated Pay Items (Quantities ONLY):

| ITEM | QUANTITY |
|---|----------|
| Cable Median Barrier Posts, Brackets, HairPins | 7 |
| Crash Barrels | 9 |
| Pea Gravel (tons) | 3 |
| INDOT Estimate/Inspection | ? |
| Other contractor costs (e.g. traffic control, mobilization) | ? |
| | |

(g) Archived Crash Pictures Network Directory: C:\Fowler\DetailedFieldInvestigation\2010 04 12\I65 197.4 SB BAR

III. Office Investigation: (a) Crash ID: 901326220 (b) Crash Date: 04/10/2010
(c) Crash Record is Attached: YES / NO (d) Date Notification Letters Sent to Driver(s) & Insurer(s): _____
(e) Number of Drivers & Insurers Notifications Letters Sent To: _____
(f) Archived Repair Pictures Network Directory: C:\Fowler\OfficeInvestigation\901326220\RepairedPhotos
(g) New Archived Crash Picture Location: C:\Fowler\OfficeInvestigation\901326220\DamagedPhotos\I 65 197.4 SB Guardrail

IV. Work Order Repair Estimate: (a) Estimation Date: 05/20/2010
(b) Estimated By: G. Farnsworth/K. Robertson (c) Final Pay Items: (See Back)

V. Approval to Proceed with Repair: (a) Responsible Manager: _____
(b) Approval Date: _____ (c) Work Order #: _____

VI. Documentation of Repair: (a) Repair Date(s): _____ (b) Repaired by: INDOT / Contractor
(c) Photo of Repair Completed: Y / N (d) Inspected by (Optional): _____
(e) Detailed Schedule of Actual Pay Items and Costs (See Back)

VII. Accounting Tracking: (a) Invoice Date: _____ (b) Invoice Amount: \$2,852.05
(c) Paid Date: _____ (d) Paid Amount: _____
(e) Close out Summary Details and Narrative: _____

Form M-54

Figure A.6: I65 197.4 SB invoice

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

| Description | Contract Item # | Unit | Unit Cost | Work Order Repair Estimate | | Actual Repair | |
|--|-----------------|------|-----------|----------------------------|---------------|---------------|-------------------|
| | | | | Quantity | Estimate Cost | Quantity | Total Cost |
| GUARDRAIL Materials | | | | | | | |
| Guardrail Steel Beam Galvanized | | LF | | | | | |
| Guardrail Post Bracket, 8.5 lb/LF, Galvanized | | EA | | | | | |
| Guardrail Post, 8.5 lb/LF, 7' long, Galvanized | | EA | | | | | |
| Guardrail Post Plumb | | EA | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CRASH ATTENUATOR Materials | | | | | | | |
| 700# Barrel | | EA | \$168.48 | | | 6 | \$1,010.88 |
| 17# Barrel | | EA | \$161.01 | | | 2 | \$322.02 |
| 21# Barrel | | EA | \$161.01 | | | 1 | \$161.01 |
| | | | | | | | |
| CABLE-MEDIAN BARRIERS Materials | | | | | | | |
| CMB Terminal Post | | EA | \$42.90 | | | 4 | \$171.60 |
| CMB HairPin | | EA | \$12.96 | | | 5 | \$64.80 |
| CMB LockPlate | | EA | \$28.90 | | | 7 | \$202.30 |
| CMB Tension Adjustment | | EA | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Labor (with Benefits) (For INDOT) | | | | | | | |
| Foreman | | HR | \$27.25 | | | 6 | \$163.50 |
| Super | | HR | | | | | |
| Laborer | | HR | \$20.99 | | | 18 | \$377.82 |
| Flagman | | HR | | | | | |
| Equipment (For INDOT) | | | | | | | |
| Dump Truck | | HR | \$29 | | | 6 | \$174 |
| Attenuator Truck Attachment | | HR | \$3.36 | | | 6 | \$20.16 |
| Sign Board | | HR | \$6 | | | 6 | \$36 |
| Pick-up Truck | | HR | \$8.08 | | | 6 | \$48.48 |
| Crew cab stakebed | | HR | \$16.58 | | | 6 | \$99.48 |
| Maintenance of Traffic (For INDOT) | | | | | | | |
| Shoulder | | HR | | | | | |
| Median | | HR | | | | | |
| Single Lane Closure | | HR | | | | | |
| On Bridge | | HR | | | | | |
| FLAT FEES | | | | | | | |
| Mobilization | | EA | | | | | |
| Crash Documentation (Pre or Post) | | EA | | | | | |
| Clean Up (Just Repair/Replacement Materials....not vehicular damage) | | EA | | | | | |
| Obtaining Crash Report | | EA | | | | | |
| OTHER | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | COST ESTIMATE | | | |
| | | | | ACTUAL COST | | | \$2,852.05 |

Form M-54

CRASH PHOTOS



Figure 1: I65 SB; East side; MM: ~197.4; Damaged Crash Barrels; Photo Facing East



Figure 2: I65 SB; East side; MM: ~197.4; Damaged Cable-Median Barrier; Photo Facing South

REPAIR PHOTOS



Figure 3: I65 SB; East side; MM: ~197.4; Repaired Cable-Median Barrier; Photo Facing South



Figure 4: I65 SB; East side; MM: ~197.4; Repaired Crash Barrels; Photo Facing North

| INDIANA OFFICER'S STANDARD CRASH REPORT | | | | | | | | | | Page | 1 | of | 4 | |
|---|---|-------------------------------|--|-----------------------|--|----------------|-----------------------------------|----------------------------|-------------|---|---|----|---|--|
| Electronic Version | | | | | | | | | | 901326220 | | | | |
| Local ID | | | | | | | | | | 1420100410025106 | | | | |
| Date of Crash 04/10/2010 | Day of Week Sat | Actual Local Time 1:05 AM | County WHITE | Township PRINCETON | # Motor Vehicles 2 | # Injured 0 | # Dead 0 | # Commercial Vehicles 1 | # Deaf 0 | | | | | |
| Road Crash Occurred On I65 | | | Nearest Intersecting Road/Highway/Interchange 197.3 | | If not an intersection, number of feet from 120 | Direction S | Road Classification INTERSTATE | | | | | | | |
| Inside Corporate Limits? NO | City/Town or Nearest City/Town WOLCOTT | | | Property? OTHER | Crash Latitude | | Crash Longitude | | | | | | | |
| Driver #1 | | Driver #2 BUNCH, JESSICA L | | Driver #3 | | Driver #4 | | | | | | | | |
| <div>Primary Cause</div> <div>Vehicle 1</div> <div>Vehicle 2</div> <div>Vehicle 3</div> <div>Vehicle 4</div> <div>Driver Contributing</div> <div>Circumstances</div> <div>Alcoholic Beverages</div> <div>Illegal Drugs</div> <div>Prescription Drugs</div> <div>Driver Asleep or Fatigued</div> <div>Driver Illness</div> <div>Unsafe Speed</div> <div>Failure to Yield</div> <div>Disregard Signal</div> <div>Left of Center</div> <div>Improper Passing</div> <div>Improper Turning</div> <div>Improper Lane Usage</div> <div>Following Too Closely</div> <div>Unsafe Backing</div> <div>Overspeeding</div> <div>Ran off Road</div> <div>Wrong Way on One Way</div> <div>Pedestrian's Action</div> <div>Passenger Distraction</div> <div>Restriction Violation</div> <div>Jackknifing</div> <div>Cell Phone Usage</div> <div>Other Tolerances</div> <div>Driver Distracted</div> <div>Speed/Weather Conditions</div> <div>Unsafe Lane Movement</div> <div>Other</div> <div>None</div> | | | | | <div>Primary Cause</div> <div>Vehicle 1</div> <div>Vehicle 2</div> <div>Vehicle 3</div> <div>Vehicle 4</div> <div>Driver Contributing</div> <div>Circumstances</div> <div>Engine Failure or Defective</div> <div>Accelerator Failure or Defective</div> <div>Brake Failure or Defective</div> <div>Tire Failure or Defective</div> <div>Headlight(s) Defective or Not On</div> <div>Other Lights Defective</div> <div>Steering Failure</div> <div>Window/Windshield Defective</div> <div>Overload/Overweight Load</div> <div>Insufficient Load</div> <div>Tow Hitch Failure</div> <div>Other</div> <div>None</div> | | | | | <div>Area Information</div> <div>Hit and Run</div> <div>YES</div> <div>School Zone</div> <div>NO</div> <div>Rumble Strips</div> <div>NO</div> <div>Locality</div> <div>RURAL</div> <div>Light Condition</div> <div>DARK (NOT LIGHTED)</div> <div>Weather Conditions</div> <div>CLEAR</div> <div>Surface Condition</div> <div>DRY</div> <div>Type of Median</div> <div>DRIVABLE</div> <div>Type of Roadway Junction</div> <div>NO JUNCTION INVOLVED</div> <div>Road Character</div> <div>STRAIGHT/LEVEL</div> <div>Roadway Surface</div> <div>ASPHALT</div> <div>Construction</div> <div>NO</div> <div>If Yes, Construction Type</div> <div></div> <div>Traffic Control Devices</div> <div>LANE CONTROL</div> <div>Traffic Control Device Operational?</div> <div>NA</div> <div>Was this crash the result of aggressive driving?</div> <div>NO</div> | | | | |
| Total Estimate of all damage in the Crash: \$10001 TO \$25000 | | | | | | | | | | | | | | |
| Other Property Damage (1) | | State Property | Owner's Name and Address | | | | | | | | | | | |
| Other Property Damage (2) | | State Property | Owner's Name and Address | | | | | | | | | | | |
| Witness/Other Participant | | | | | Non-Motorist | | | | | | | | | |
| <div>Witness</div> <div>#</div> <div>Name</div> <div>Other Participant</div> <div>Address etc.</div> <div>Phone #</div> <div>Location at Time of Crash</div> | | | | | <div>(Last Name, First Name, MI)</div> <div>Non-Motorist Type</div> <div>Non-Motorist Action</div> <div>Apparent Physical Condition</div> <div>Cited?</div> <div>Direction</div> <div>Street/Highway</div> | | | | | | | | | |
| <div>Witness</div> <div>#</div> <div>Name</div> <div>Other Participant</div> <div>Address etc.</div> <div>Phone #</div> <div>Location at Time of Crash</div> | | | | | <div>Traffic Control?</div> <div>If yes, was traffic control operational?</div> | | | | | | | | | |

Local ID
1420100410025106

901326220

Page 2 of 4

| | | | | | |
|---|--|--------------------------------|--------------------------------|---|----------------------------|
| Type of Crash SAME DIRECTION SIDESWIPE | | | | | |
| Time Notified 1:08 AM | | Time Arrived 1:30 AM | | Other Location of Investigation AT SCENE ONLY | |
| Assisting Officer | | ID No. | Agency | Investigation Complete? YES | Photos Taken? NO |
| Assisting Officer | | ID No. | Agency | Date of Report 04/10/2010 | |
| Investigating Officer WITHERINGTON, C | | ID No. 7723 | Agency ISP LOWELL 13 | Reviewing Officer TC | |

Narrative

Driver 2 stated she was southbound near the 197 mile marker traveling in the right lane. Driver 2 advised that she was following behind a semi tractor and trailer and she was traveling at 76 miles per hour in a posted 70 zone. Driver 1 stated that as she approached the slower moving semi tractor she moved into the left lane to pass. Driver 2 advised that as she began to pass the semi tractor/ Vehicle 1 it began to move into her lane. Driver 2 stated that vehicle 2 and vehicle 1 made contact at some point. There was evidence of tire transfer from the semi tire near the front passenger side of vehicle 2. Driver 2 stated that the contact made her slide out of control and into the median. As Vehicle 2 entered the median it struck the center strand barrier cables. The vehicle continued thru the cables and struck the barrel barriers and bridge/overpass near the 197 mile marker. Driver 2 stated that Vehicle 1 continued southbound from the area of the crash without stopping.

| UNIT INFORMATION | | | | 901326220 | | Page 4 of 4 | |
|---|--|----------------|--|--|--|---|--|
| Local ID 14201C0410025106 | | | | | | | |
| 2 Driver's Name (Last, First, MI) BUNCH, JESSICA, L | | | | Safety Equipment Used LAP + HARNESS | | | |
| Address (Street, City, State, Zip) 3664 MIDDLEFIELD DR APT C INDIANAPOLIS IN 47421 | | | | Safety Equipment Effective? YES | | | |
| | | | | Ejection/Trapped NOT EJECTED OR TRAPPED | | | |
| Date of Birth 08/31/1991 | | Age 18 | | Gender FEMALE | | EMS No. Injured Attn Driver Injury Status | |
| Driver's License # 01309C2281 | | Lic Type OP | | CDL Class IN | | Nature of Most Severe Injury | |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | | | Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> Toff From Employment <input checked="" type="checkbox"/> None | | | |
| Test Given NONE | | | | Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | | |
| Alcohol Results PBT Certified Test <input type="checkbox"/> Pending Drug Results | | | | Location of Most Severe Injury | | | |
| Veh# 2 Color YELLOW Vehicle Year 2000 Make Toyota Model CELICA Style 2D | | | | If Cited? IC Codes | | | |
| # Occupants 2 Lic Year 2011 License # 113ZYT License State IN | | | | <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | | | |
| # Axles 2 Speed Limit 70 Insured By PROGRESSIVE Phone Number 000C000000 | | | | Initial Impact Area | | | |
| Vehicle Identification JTDD438T6YD030545 | | | | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| Registered Owner's Name (Last, First, MI) BUNCH, JESSICA, L <input type="checkbox"/> Same as Driver | | | | <input type="checkbox"/> Front <input type="checkbox"/> Rear | | | |
| Address (Street, City, State, Zip) 3664 MIDDLEFIELD DR APT C INDIANAPOLIS IN 47421 | | | | <input type="checkbox"/> Front <input type="checkbox"/> Rear | | | |
| Towed? To FARNEYS By FARNEYS Due to Disabling Damage YES | | | | Areas Damaged (Multiples) <input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| License# Address (Street, City, State, Zip) | | | | Vehicle Use PERSONAL (FARM, COMPANY) | | | |
| Veh Year Make | | | | Emergency Run? Fire? NO | | | |
| Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver | | | | Vehicle Type PASSENGER CAR/STATION WAGON | | | |
| License# Address (Street, City, State, Zip) | | | | Pre-Crash Vehicle Action GOING STRAIGHT | | | |
| Veh Year Make | | | | Direction of Travel NORTH | | | |
| Commercial Vehicle: Carrier's Name and Address | | | | Type of Primary/Secondary Roadway One Way Traffic Two Way Traffic | | | |
| HAZMAT Proper Shipping Name: State DOT# | | | | <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Private Drive <input type="checkbox"/> Two Lanes <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lanes (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) | | | |
| US DOT# ICC# CMV Inspection If Yes | | | | Event Collision With 1. ANOTHER MOTOR VEHICLE 2. MEDIAN BARRIER | | | |
| Gross Vehicle Weight Rating Cargo Body Type | | | | 3. BRIDGE OVERHEAD STRUCTURE | | | |
| HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class # | | | | | | | |

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

I. Preliminary Field Investigation: (a) Observation Date: _____ (b) Observed By: _____
(c) County: Harrison (d) Sub-district: Falls City
(e) Location Description (MM ###.# or Cross Streets & Direction): SR135 @ Landmark Ave Wside NB
(f) Description of Damage (Circle One or More): Guardrail Crash Attenuator Cable-Median Barrier Sign
Rutting Tension Anchor MSE Wall Traffic Sign Pole ITS Equipment Fence Other

II. Detailed Field Investigation: (a) Investigation Date: 8/18/2010 (b) Investigated By: Grant Farnsworth
(c) Detailed Location Description: SR135 @ Landmark Ave Wside NB (d) Lat/Longitude: 38.2353, -86.1275
(e) Detailed Damage Description: Repair located based on crash report
(f) Work Order Repair Estimated Pay Items (Quantities ONLY):

| ITEM | QUANTITY |
|---|----------|
| Crash Attenuator | 1 |
| INDOT Estimate/Inspection | ? |
| Other contractor costs (e.g. traffic control, mobilization) | ? |
| | |
| | |
| | |

(g) Archived Crash Pictures Network Directory: No Pre-Repair Pictures

III. Office Investigation: (a) Crash ID: 901311405 (b) Crash Date: 03/02/2010
(c) Crash Record is Attached: YES / NO (d) Date Notification Letters Sent to Driver(s) & Insurer(s): _____
(e) Number of Drivers & Insurers Notifications Letters Sent To: _____
(f) Archived Repair Pictures Network Directory: C:\Seymour\Office\Investigation\901311405\RepairedPhotos
(g) New Archived Crash Picture Location: _____

IV. Work Order Repair Estimate: (a) Estimation Date: 08/23/2010
(b) Estimated By: G. Farnsworth (c) Final Pay Items: (See Back)

V. Approval to Proceed with Repair: (a) Responsible Manager: _____
(b) Approval Date: _____ (c) Work Order #: _____

VI. Documentation of Repair: (a) Repair Date(s): _____ (b) Repaired by: INDOT / Contractor
(c) Photo of Repair Completed: Y / N (d) Inspected by (Optional): _____
(e) Detailed Schedule of Actual Pay Items and Costs (See Back)

VII. Accounting Tracking: (a) Invoice Date: _____ (b) Invoice Amount: _____
(c) Paid Date: _____ (d) Paid Amount: _____
(e) Close out Summary Details and Narrative: _____

Form M-54

Figure A.7: SR 135 @ Landmark Avenue invoice

WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

| Description | Contract Item # | Unit | Unit Cost | Work Order Repair Estimate | | Actual Repair | |
|--|-----------------|------|-----------|----------------------------|---------------|-----------------|------------|
| | | | | Quantity | Estimate Cost | Quantity | Total Cost |
| GUARDRAIL Materials | | | | | | | |
| Guardrail Steel Beam Galvanized | | LF | ~\$8.60 | | | | |
| Guardrail Post Bracket, 8.5 lb/LF, Galvanized | | EA | ~\$19 | | | | |
| Guardrail Post, 8.5 lb/LF, 7' long, Galvanized | | EA | ~\$63 | | | | |
| Guardrail Post Plumb | | EA | ~\$16 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CRASH ATTENUATOR Materials | | | | | | | |
| Guardrail End OS | | EA | \$2,700 | 1 | \$2,700 | | |
| | | | | | | | |
| | | | | | | | |
| CABLE-MEDIAN BARRIERS Materials | | | | | | | |
| CMB Terminal Post | | EA | | | | | |
| CMB HairPin | | EA | | | | | |
| CMB LockPlate | | EA | | | | | |
| CMB Tension Adjustment | | EA | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Labor (with Benefits) (For INDOT) | | | | | | | |
| Foreman | | HR | | | | | |
| Super | | HR | | | | | |
| Laborer | | HR | | | | | |
| Flagman | | HR | | | | | |
| Equipment (For INDOT) | | | | | | | |
| Dump Truck | | HR | | | | | |
| Attenuator Truck | | HR | | | | | |
| Sign Board | | HR | | | | | |
| Pick-up Truck | | HR | | | | | |
| Maintenance of Traffic (For INDOT) | | | | | | | |
| Shoulder | | HR | | | | | |
| Median | | HR | | | | | |
| Single Lane Closure | | HR | | | | | |
| On Bridge | | HR | | | | | |
| FLAT FEES | | | | | | | |
| Mobilization | | EA | | | | | |
| Crash Documentation (Pre or Post) | | EA | | | | | |
| Clean Up (Just Repair/Replacement Materials....not vehicular damage) | | EA | | | | | |
| Obtaining Crash Report | | EA | | | | | |
| OTHER | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | COST ESTIMATE | | ~\$2,700 | |
| | | | | ACTUAL COST | | | |

Form M-54

REPAIR PHOTOS



Figure 1: SR135 NB; West side; At Landmark Ave Intersection; Repaired Crash Attenuator; Photo Facing North

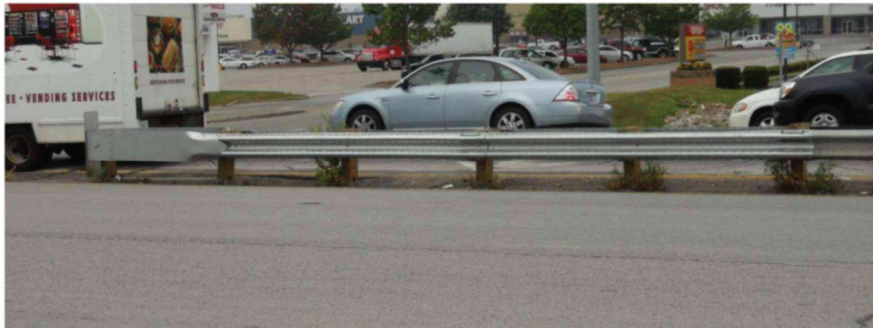


Figure 2: SR135 NB; West side; At Landmark Ave Intersection; Repaired Crash Attenuator; Photo Facing West

| INDIANA OFFICER'S STANDARD CRASH REPORT | | | | | | | | | | Page | 1 | of | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|---|---|--------------------------|----------------------|--|-----------------------|----------------|-------------|-----------------------------------|-------------|---------------------|---|---------------|--|--------------------|--|---------------------------|--|----------------|--|--------------|--|------------------|--|------------------|--|----------------|--|------------------|--|------------------|--|---------------------|--|-----------------------|--|----------------|--|----------------|--|--------------|--|----------------------|--|---------------------|--|-----------------------|--|-----------------------|--|-------------|--|------------------|--|-------------------|--|-------------------|--|--------------------------|--|----------------------|--|-------|--|------|--|-----------------------------|--|----------------------------------|--|----------------------------|--|---------------------------|--|----------------------------------|--|------------------------|--|------------------|--|------------------------------|--|--------------------------|--|---------------------|--|-------------------|--|-------|--|------|--|---|--|
| Electronic Version | | | | | | | | | | 901311405 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Local ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 20100348 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Crash 03/02/2010 | Day of Week Tue | Actual Local Time 10:27 AM | County HARRISON | | Township HARRISON | | # Motor Vehicles 1 | # Injured 0 | # Dead 0 | # Commercial Vehicles 0 | # Deer 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Road Crash Occurred On SR135N | | | Nearest/Intersecting Road/Highway/Interchange LANDMARK AVE | | | If not an intersection, number of feet from | | Direction | | Road Classification STATE ROAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inside Corporate Limits? NO | | City/Town or Nearest City/Town CORYDON | | | | Property? OTHER | | Crash Latitude | | Crash Longitude | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver #1 LASER, CHARLES, T | | Driver #2 | | | | Driver #3 | | Driver #4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Driver Contributing Circumstances</p> <table border="1"> <tr><td>Alcoholic Beverages</td><td></td></tr> <tr><td>Illegal Drugs</td><td></td></tr> <tr><td>Prescription Drugs</td><td></td></tr> <tr><td>Driver Asleep or Fatigued</td><td></td></tr> <tr><td>Driver Illness</td><td></td></tr> <tr><td>Unsafe Speed</td><td></td></tr> <tr><td>Failure to Yield</td><td></td></tr> <tr><td>Disregard Signal</td><td></td></tr> <tr><td>Left of Center</td><td></td></tr> <tr><td>Improper Passing</td><td></td></tr> <tr><td>Improper Turning</td><td></td></tr> <tr><td>Improper Lane Usage</td><td></td></tr> <tr><td>Following Too Closely</td><td></td></tr> <tr><td>Unsafe Backing</td><td></td></tr> <tr><td>Overcorrecting</td><td></td></tr> <tr><td>Ran off Road</td><td></td></tr> <tr><td>Wrong Way on One Way</td><td></td></tr> <tr><td>Pedestrian's Action</td><td></td></tr> <tr><td>Passenger Distraction</td><td></td></tr> <tr><td>Restriction Violation</td><td></td></tr> <tr><td>Jackknifing</td><td></td></tr> <tr><td>Cell Phone Usage</td><td></td></tr> <tr><td>Other Teleomatics</td><td></td></tr> <tr><td>Driver Distracted</td><td></td></tr> <tr><td>Speed/Weather Conditions</td><td></td></tr> <tr><td>Unsafe Lane Movement</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>None</td><td></td></tr> </table> </div> <div style="width: 45%;"> <p>Vehicle Contributing Circumstances</p> <table border="1"> <tr><td>Engine Failure or Defective</td><td></td></tr> <tr><td>Accelerator Failure or Defective</td><td></td></tr> <tr><td>Brake Failure or Defective</td><td></td></tr> <tr><td>Tire Failure or Defective</td><td></td></tr> <tr><td>Headlight(s) Defective or Not On</td><td></td></tr> <tr><td>Other Lights Defective</td><td></td></tr> <tr><td>Steering Failure</td><td></td></tr> <tr><td>Windows/Windshield Defective</td><td></td></tr> <tr><td>Overload/Overweight Load</td><td></td></tr> <tr><td>Insecure/Leaky Load</td><td></td></tr> <tr><td>Tow Hitch Failure</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>None</td><td></td></tr> </table> </div> </div> | | | | | | | | | | | | Alcoholic Beverages | | Illegal Drugs | | Prescription Drugs | | Driver Asleep or Fatigued | | Driver Illness | | Unsafe Speed | | Failure to Yield | | Disregard Signal | | Left of Center | | Improper Passing | | Improper Turning | | Improper Lane Usage | | Following Too Closely | | Unsafe Backing | | Overcorrecting | | Ran off Road | | Wrong Way on One Way | | Pedestrian's Action | | Passenger Distraction | | Restriction Violation | | Jackknifing | | Cell Phone Usage | | Other Teleomatics | | Driver Distracted | | Speed/Weather Conditions | | Unsafe Lane Movement | | Other | | None | | Engine Failure or Defective | | Accelerator Failure or Defective | | Brake Failure or Defective | | Tire Failure or Defective | | Headlight(s) Defective or Not On | | Other Lights Defective | | Steering Failure | | Windows/Windshield Defective | | Overload/Overweight Load | | Insecure/Leaky Load | | Tow Hitch Failure | | Other | | None | | <p>Area Information</p> <p>Hit and Run NC</p> <p>School Zone NC</p> <p>Rumble Strips NC</p> <p>Locality URBAN</p> <p>Light Condition DAYLIGHT</p> <p>Weather Conditions CLEAR</p> <p>Surface Condition DRY</p> <p>Type of Median NONE</p> <p>Type of Roadway Junction NO JUNCTION INVOLVED</p> <p>Road Character STRAIGHT/LEVEL</p> <p>Roadway Surface ASPHALT</p> <p>Construction NO</p> <p>If Yes, Construction Type</p> <p>Traffic Control Devices TRAFFIC CONTROL SIGNAL</p> <p>Traffic Control Device Operational? YES</p> <p>Was this crash the result of aggressive driving? NO</p> | |
| Alcoholic Beverages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Illegal Drugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescription Drugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Asleep or Fatigued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unsafe Speed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Failure to Yield | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disregard Signal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Left of Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improper Passing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improper Turning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improper Lane Usage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Following Too Closely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unsafe Backing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overcorrecting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ran off Road | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wrong Way on One Way | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pedestrian's Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passenger Distraction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Restriction Violation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jackknifing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell Phone Usage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Teleomatics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Distracted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Speed/Weather Conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unsafe Lane Movement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engine Failure or Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accelerator Failure or Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brake Failure or Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tire Failure or Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Headlight(s) Defective or Not On | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Lights Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Steering Failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Windows/Windshield Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overload/Overweight Load | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insecure/Leaky Load | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tow Hitch Failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Total Estimate of all damage in the Crash: \$2501 TO \$5000</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Property Damage (1) | | State Property | | Owner's Name and Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Property Damage (2) | | State Property | | Owner's Name and Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Witness/Other Participant</p> <p><input type="checkbox"/> Witness # Name</p> <p><input type="checkbox"/> Other Participant</p> <p>Address etc.</p> <p>Phone # Location at Time of Crash</p> <p><input type="checkbox"/> Witness # Name</p> <p><input type="checkbox"/> Other Participant</p> <p>Address etc.</p> <p>Phone # Location at Time of Crash</p> | | | | | | <p>Non-Motorist</p> <p>(Last Name, First Name, MI)</p> <p>Non-Motorist Type Non-Motorist Action</p> <p>Apparent Physical Condition</p> <p>Cited? Direction</p> <p>Street/Highway</p> <p>Traffic Control? If yes, was traffic control operational?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Local ID
20100348

901311405

Page 2 of 3

| | | | | | |
|------------------------------------|--|--------------------------|-----------------------|--|---------------------|
| Type of Crash HEAD ON | | | | | |
| Time Notified 10:29 AM | | Time Arrived 10:32 AM | | Other Location of Investigation AT SCENE ONLY | |
| Assisting Officer | | ID No. | Agency | Investigation Complete? YES | Photos Taken? NO |
| Assisting Officer | | ID No. | Agency | Date of Report 03/02/2010 | |
| Investigating Officer TAYLOR, K | | ID No. 9218 | Agency HARRISON SD | Reviewing Officer | |

Narrative

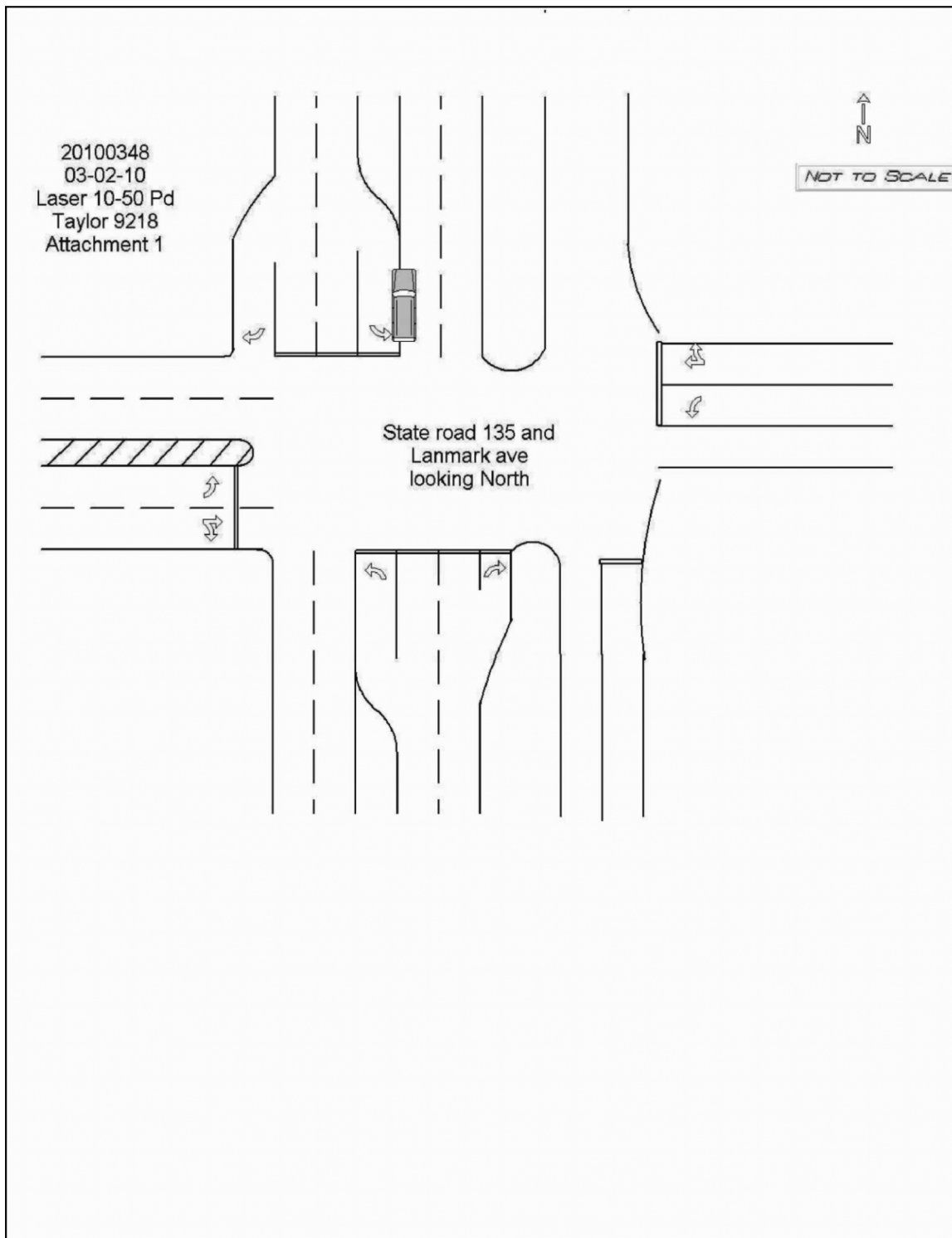
Driver of V1 stated that he was traveling North on State rd 135 at Landmark ave when another vehicle almost cut him off causing him to swerve.

D1 over steered and hit a guard rail head on and ended up on top of it.

For Internal Use Only
Not a Legal State Copy

For Internal Use Only
Not a Legal State Copy

| UNIT INFORMATION | | | | 901311405 | Page 3 of 3 |
|--|-------------------|------------------------------|--|--|--------------|
| Local ID 20100348 | | | | | |
| 1 Driver's Name (Last, First, MI) LASER, CHARLES, T | | | Safety Equipment Used LAP + HARNESS | | |
| Address (Street, City, State, Zip) 8906 PEKIN RD GREENVILLE IN 47121 | | | Safety Equipment Effective? YES | | |
| | | | Ejection/Trapped NOT EJECTED OR TRAPPED | | |
| Date of Birth 09/06/1972 | | Age 37 | Gender MALE | EMS No. | Injured Attn |
| Driver's License # 0710554628 | | Lic Type OP | CBL Class IN | Nature of Most Severe Injury | |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | | Restrictions <input checked="" type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toffrom Employment | | |
| Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input checked="" type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input type="checkbox"/> None | | | Location of Most Severe Injury | | |
| Test Given <input type="checkbox"/> NONE Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | | If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | | |
| Alcohol Results Certified <input type="checkbox"/> Pending PBT | | | Drug Results | | |
| Veh# 1 | Color WHITE | Vehicle Year 1998 | Make FORD | Model EXPLORER | Style 4D |
| # Occupants 2 | Lic Year 2009 | Lic# LZ981 | Lic State IN | Initial Impact Area | |
| # Axles 2 | Speed Limit 45 | Insured By INSURANCE PROP | Phone Number 0000000000 | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| Vehicle Identification CO Registered Owner's Name (Last, First, MI) LASER, CHARLES, T Address (Street, City, State, Zip) 8906 PEKIN RD GREENVILLE IN 47121 | | | | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| Towed? YES To A1 TOWING By A1 TOWING | | | | Due to Disabling Damage PERSONAL (FARM, COMPANY) | |
| Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver | | | | Emergency Run? Fire? NO | |
| License# Address (Street, City, State, Zip) | | | | Vehicle Type UTILITY (SUV) | |
| Veh Year Make Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver | | | | Pre-Crash Vehicle Action GOING STRAIGHT | |
| License# Address (Street, City, State, Zip) | | | | Direction of Travel NORTH | |
| Veh Year Make Commercial Vehicle: Carrier's Name and Address | | | | Type of Primary/Secondary Roadway One Way Traffic <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more) Two Way Traffic <input type="checkbox"/> Two Lanes <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley | |
| HAZMAT Proper Shipping Name: US DOT# ICC# CMV Inspection If Yes | | | | Event Collision With 1. GUARDRAIL END | |
| Gross Vehicle Weight Rating Cargo Body Type | | | | | |
| HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class # | | | | | |



WORK SHEET – DAMAGE TO STATE PROPERTY
INDIANA DEPARTMENT OF TRANSPORTATION
Report to CLAIMS AND COMPENSATION DEPARTMENT

I. Preliminary Field Investigation: (a) Observation Date: _____ (b) Observed By: _____
(c) Location Description (MM ###.# or Cross Streets & Direction): SR56 EB Near NE Dubois Rd Sside
(d) Description of Damage (Circle One or More): Guardrail Crash Attenuator Cable-Median Barrier Sign
Rutting Tension Anchor MSE Wall Traffic Sign Pole ITS Equipment Fence Other

II. Detailed Field Investigation: (a) Investigation Date: 8/18/2010 (b) Investigated By: Grant Farnsworth
(c) Detailed Location Description: SR56 EB Near NE Dubois Rd Sside (d) Lat/Longitude: 38.4841, -86.7714
(e) Detailed Damage Description: Repair located based on crash report
(f) Work Order Repair Estimated Pay Items (Quantities ONLY):

| ITEM | QUANTITY |
|---|----------|
| Crash Attenuator | 1 |
| INDOT Estimate/Inspection | ? |
| Other contractor costs (e.g. traffic control, mobilization) | ? |
| | |
| | |
| | |

(g) Archived Crash Pictures Network Directory: No Pre-Repair Pictures

III. Office Investigation: (a) Crash ID: 901276232 (b) Crash Date: 02/09/2010
(c) Crash Record is Attached: YES / NO (d) Date Notification Letters Sent to Driver(s) & Insurer(s): _____
(e) Number of Drivers & Insurers Notifications Letters Sent To: _____
(f) Archived Repair Pictures Network Directory: C:\Seymour\OfficeInvestigation\901276232\RepairedPhotos
(g) New Archived Crash Picture Location: _____

IV. Work Order Repair Estimate: (a) Estimation Date: 08/23/2010
(b) Estimated By: G. Farnsworth (c) Final Pay Items: (See Back)

V. Approval to Proceed with Repair: (a) Responsible Manager: _____
(b) Approval Date: _____ (c) Work Order #: _____

VI. Documentation of Repair: (a) Repair Date(s): _____ (b) Repaired by: INDOT / Contractor
(c) Photo of Repair Completed: Y / N (d) Inspected by (Optional): _____
(e) Detailed Schedule of Actual Pay Items and Costs (See Back)

VII. Accounting Tracking: (a) Invoice Date: _____ (b) Invoice Amount: _____
(c) Paid Date: _____ (d) Paid Amount: _____
(e) Close out Summary Details and Narrative: _____

Form M-54

Figure A.8: SR56 EB Near NE Dubois Rd invoice

Report to CLAIMS AND COMPENSATION DEPARTMENT

| Description | Contract Item # | Unit | Unit Cost | Work Order Repair Estimate | | Actual Repair | |
|--|-----------------|------|-----------|----------------------------|-----------------|---------------|------------|
| | | | | Quantity | Estimate Cost | Quantity | Total Cost |
| GUARDRAIL Materials | | | | | | | |
| Guardrail Steel Beam Galvanized | | LF | ~\$8.60 | | | | |
| Guardrail Post Bracket, 8.5 lb/LF, Galvanized | | EA | ~\$19 | | | | |
| Guardrail Post, 8.5 lb/LF, 7' long, Galvanized | | EA | ~\$63 | | | | |
| Guardrail Post Plumb | | EA | ~\$16 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CRASH ATTENUATOR Materials | | | | | | | |
| Guardrail End OS | | EA | \$2,700 | 1 | \$2,700 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CABLE-MEDIAN BARRIERS Materials | | | | | | | |
| CMB Terminal Post | | EA | | | | | |
| CMB HairPin | | EA | | | | | |
| CMB LockPlate | | EA | | | | | |
| CMB Tension Adjustment | | EA | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Labor (with Benefits) (For INDOT) | | | | | | | |
| Foreman | | HR | | | | | |
| Super | | HR | | | | | |
| Laborer | | HR | | | | | |
| Flagman | | HR | | | | | |
| Equipment (For INDOT) | | | | | | | |
| Dump Truck | | HR | | | | | |
| Attenuator Truck | | HR | | | | | |
| Sign Board | | HR | | | | | |
| Pick-up Truck | | HR | | | | | |
| Maintenance of Traffic (For INDOT) | | | | | | | |
| Shoulder | | HR | | | | | |
| Median | | HR | | | | | |
| Single Lane Closure | | HR | | | | | |
| On Bridge | | HR | | | | | |
| FLAT FEES | | | | | | | |
| Mobilization | | EA | | | | | |
| Crash Documentation (Pre or Post) | | EA | | | | | |
| Clean Up (Just Repair/Replacement Materials....not vehicular damage) | | EA | | | | | |
| Obtaining Crash Report | | EA | | | | | |
| OTHER | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| COST ESTIMATE | | | | | ~\$2,700 | | |
| ACTUAL COST | | | | | | | |

Form M-54

REPAIR PHOTOS



Figure 1: SR56 EB; South side; Around NE Dubois; Repaired Crash Attenuator; Photo Facing South

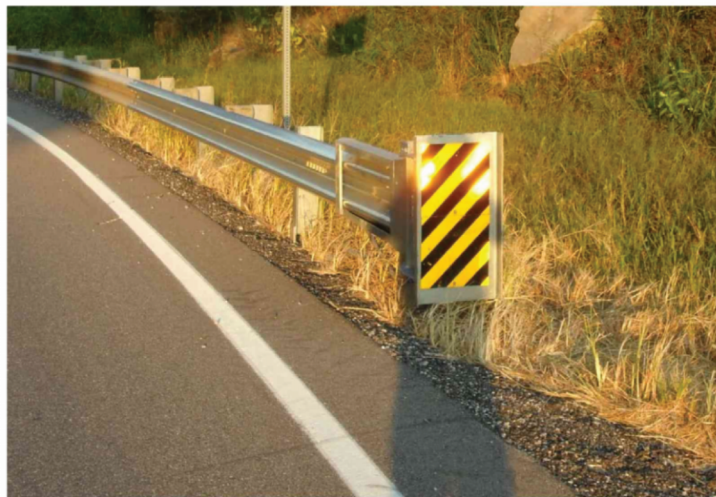


Figure 2: SR56 EB; South side; Around NE Dubois; Repaired Crash Attenuator; Photo Facing East

| Date of Crash 02/09/2010 | Day of Week Tue | Actual Local Time 4:12 PM | County DUBOIS | Township COLUMBIA | # Motor Vehicles 1 | # Injured 0 | # Dead 0 | # Commercial Vehicles 0 | # Deor 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|---|---------------------------|---|----------------|-----------------------------------|----------------------------|-----------------|--------------------|-------------------|----------------|--------------------------|-----------------|------------------|--------------|---------------------------|-------------------------|-------------------------------------|-----------|-----------|-----------|-----------|---------------|-------------|-------------|---------------|----------|-----------------|--------------------|-------------------|----------------|--------------------------|----------------|-----------------|--------------|---------------------------|-------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|----|----|----|-------|----------|------|------------|------|----------------------|-----------------|---------|----|--|-----------------|----|--------------------------|--------------------------|--------------------------|--------------------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|--|--|-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| Road Crash Occurred On SR56E | | | Nearest Intersecting Road/Mile Marker/Interchange NE DUBOIS RD | | If Not An Intersection, number of feet from 1500 | Direction E | Road Classification STATE ROAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inside Corporate Limits? NO | | City/Town or Nearest City/Town JASPER | | | Property? OTHER | | Crash Latitude | | Crash Longitude | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver #1 BRADSHAW,NICHOLAS,T | | Driver #2 | | Driver #3 | | Driver #4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th colspan="5">Primary Cause</th><th colspan="5">Area Information</th></tr><tr><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th><th>Circumstances</th><th>Hit and Run</th><th>School Zone</th><th>Rumble Strips</th><th>Locality</th><th>Light Condition</th><th>Weather Conditions</th><th>Surface Condition</th><th>Type of Median</th><th>Type of Roadway Junction</th><th>Road Character</th><th>Roadway Surface</th><th>Construction</th><th>If Yes, Construction Type</th><th>Traffic Control Devices</th><th>Traffic Control Device Operational?</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Alcoholic Beverages</td><td>NO</td><td>NO</td><td>NO</td><td>RURAL</td><td>DAYLIGHT</td><td>SNOW</td><td>SNOW/SLUSH</td><td>MANE</td><td>NO JUNCTION INVOLVED</td><td>CURVE/HILLCREST</td><td>ASPHALT</td><td>NO</td><td></td><td>NO PASSING ZONE</td><td>NA</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Illegal Drugs</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Prescription Drugs</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Driver Asleep or Fatigued</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Driver Illness</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Unsafe Speed</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Failure to Yield</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Disregard Signal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Left of Center</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper Passing</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper Turning</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Following Too Closely</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Unsafe Backing</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Overcorrecting</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ran off Road</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Passenger Distraction</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Restriction Violation</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jackknifing</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other Telematics</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Driver Distracted</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Speed/Weather Conditions</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Unsafe Lane Movement</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>None</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> | | | | | | | | | | Primary Cause | | | | | Area Information | | | | | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Circumstances | Hit and Run | School Zone | Rumble Strips | Locality | Light Condition | Weather Conditions | Surface Condition | Type of Median | Type of Roadway Junction | Road Character | Roadway Surface | Construction | If Yes, Construction Type | Traffic Control Devices | Traffic Control Device Operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alcoholic Beverages | NO | NO | NO | RURAL | DAYLIGHT | SNOW | SNOW/SLUSH | MANE | NO JUNCTION INVOLVED | CURVE/HILLCREST | ASPHALT | NO | | NO PASSING ZONE | NA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illegal Drugs | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescription Drugs | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver Asleep or Fatigued | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input 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| Primary Cause | | | | | Area Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Circumstances | Hit and Run | School Zone | Rumble Strips | Locality | Light Condition | Weather Conditions | Surface Condition | Type of Median | Type of Roadway Junction | Road Character | Roadway Surface | Construction | If Yes, Construction Type | Traffic Control Devices | Traffic Control Device Operational? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alcoholic Beverages | NO | NO | NO | RURAL | DAYLIGHT | SNOW | SNOW/SLUSH | MANE | NO JUNCTION INVOLVED | CURVE/HILLCREST | ASPHALT | NO | | NO PASSING ZONE | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver Illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unsafe Speed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improper Lane Usage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overcorrecting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cell Phone Usage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speed/Weather Conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unsafe Lane Movement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Estimate of all damage in the Crash: \$50001 TO \$100000 | | | | | Was this crash the result of aggressive driving? NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Property Damage (1) | | State Property | | Owner's Name and Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Property Damage (2) | | State Property | | Owner's Name and Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Witness/Other Participant | | | | | Non-Motorist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Witness # Name | | | | | (Last, First, Middle Initial) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other Participant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address etc. | | | | | Non-Motorist Type Non-Motorist Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone # Location at Time of Crash | | | | | Apparent Physical Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Witness # Name | | | | | Cited? Direction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other Participant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address etc. | | | | | Street/Highway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone # Location at Time of Crash | | | | | Traffic Control? If yes, was traffic control operational? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|------------------------------|--|-----------|--|-------------|--|
| Local ID 3420100209161335 | | 901276232 | | Page 2 of 3 | |
|------------------------------|--|-----------|--|-------------|--|

| | | | | | |
|-----------------------------------|--|-------------------------|--|--|--|
| Type of Crash HEAD ON | | | | | |
| Time Notified 4:17 PM | | Time Arrived 4:34 PM | | Other Location of Investigation AT SCENE ONLY | |
| Assisting Officer | | ID No. | | Agency | |
| Assisting Officer | | ID No. | | Agency | |
| Investigating Officer ASHBY, G | | ID No. 6436 | | Agency ISP JASPER 34 | |
| Investigation Complete? YES | | | | Photos Taken? NO | |
| Date of Report 02/09/2010 | | | | Reviewing Officer SGT J SMITH | |

Narrative

Vehicle 1 was eastbound on State Road 56. Vehicle 1 entered a curve on top of a hill crest that was covered with ice and snow. Vehicle 1 left the south side of the roadway, struck the end of the guard rail support post, coming to rest on the south side of the guard rail. Driver 1 said that he was eastbound on SR 56 heading toward French Lick. He said as he entered the curve he lost control of the car and struck the guard rail. Passenger 1, Kelsey Nicole Dillard, DOB 2-10-1994, OLN 7120019432, did have minor scrapes from the air bag deploying but refused medical treatment. Vehicle 1 was not towed from the scene due to the weather conditions and the hazardous location. Vehicle 1 will be removed at a later date and was a total loss.

| UNIT INFORMATION | | | | 901276232 | Page 3 of 3 |
|--|-------------------|---------------------------------|---|---|------------------------------|
| Local ID 3420100209161335 | | | | | |
| 1 Driver's Name (Last, First, MI) BRADSHAW, NICHOLAS, T | | | Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT | | |
| Address (Street, City, State, Zip) 10693 SOUTH COUNTY ROAD 150 WEST | | | Safety Equipment Effective? YES | | |
| ENGLISH IN 47118 | | | Ejection/Trapped NOT EJECTED OR TRAPPED | | |
| Date of Birth 04/20/1991 | | Age 12 | Gender MALE | Driver Injury Status | |
| Driver's License # 46100C2034 | | Lic Type OP | CDL Class | Lic State IN | Nature of Most Severe Injury |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | | Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toffrom Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None | | |
| Test Given NONE | | | Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | |
| Alcohol Results PBT | | | Drug Results | | |
| Certified Test <input type="checkbox"/> Pending | | | | | |
| Veh# 1 | Color RED | Vehicle Year 1997 | Make Pontiac | Model SUNFIRE | Style 2D |
| # Occupants 2 | Lic Year 2010 | License # DY1616 | License State IN | Initial Impact Area | |
| # Axles 2 | Speed Limit 50 | Insured By INDIANA INSURANCE | Phone Number 8124812345 | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| Vehicle Identification# 1G2JB1243V7560781 | | | | <input type="checkbox"/> Front <input type="checkbox"/> Rear | |
| Registered Owner's Name (Last, First, MI) BRADSHAW, SHERYL H | | | | <input type="checkbox"/> Front <input type="checkbox"/> Rear | |
| Address (Street, City, State, Zip) 10693 SOUTH COUNTY ROAD 150 WEST | | | | <input type="checkbox"/> Front <input type="checkbox"/> Rear | |
| ENGLISH IN 47118 | | | | Vehicle Use | |
| Towed? To By NO | | | | PERSONAL (FARM, COMPANY) | |
| Lic State Lic Year Registered Owner's Name (Last, First, MI) NO | | | | Emergency Run? Fire? NO | |
| License# Address (Street, City, State, Zip) | | | | Vehicle Type | |
| Veh Year Make | | | | PASSENGER CAR/STATION WAGON | |
| Lic State Lic Year Registered Owner's Name (Last, First, MI) NO | | | | Pre-Crash Vehicle Action | |
| License# Address (Street, City, State, Zip) | | | | LEAVING TRAFFIC LANE | |
| Veh Year Make | | | | Direction of Travel | |
| Commercial Vehicle: Carrier's Name and Address | | | | EAST | |
| HAZMAT Proper Shipping Name: State DOT# | | | | Type of Primary/Secondary Roadway | |
| US DOT# ICC# CMV Inspection If Yes | | | | One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane (3 or more) Two Way Traffic: <input checked="" type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) | |
| Gross Vehicle Weight Rating Cargo Body Type | | | | Event Collision With | |
| HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class # | | | | 1. GUARDRAIL END | |

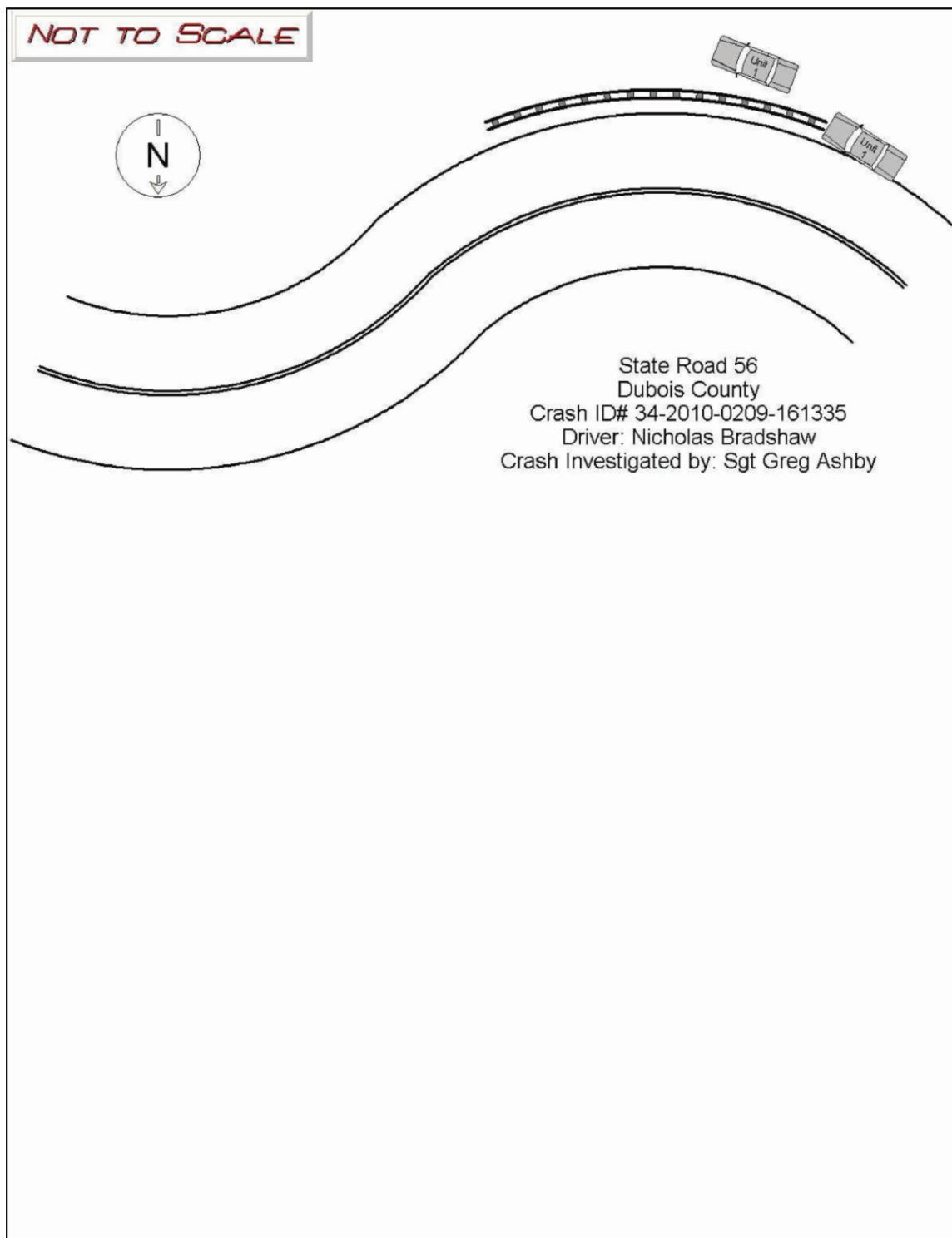


Figure A.9: ARIES query criteria fields (79)

Agency
 Aggressive Driving
 BAC Results
 City
 Collision Road Clas
 Collision Status Date
 Collision Time
 Collision With
 Construction Indicator
 Construction Type
 Contributing Circumstances
 County
 Damage Estimate Amount
 Date of Birth
 Date of Collision
 Date of Processing
 Driver License Number
 Feet From Intersection
 First Name
 Gender
 Hit and Run Indicator
 Individual Test Given
 Injury Location
 Injury Status Desc
 Inside Corp Limit
 Interchange
 Intersection
 Intersection Mile Marker
 Intersection Number
 Last Name
 Latitude
 License Plate Number
 Light Condition
 Local Code
 Locality
 Longitude
 Master Record Number
 Number Dead
 Number Injured

Number of Commercial Vehicles
 Office Last Name
 Person Type
 Person's Age
 Photos Taken Indicator
 Primary Factor
 Property Type
 Ramp
 Roadway
 Roadway/Intersection
 Rumble Strip Indicator
 Safety Equip Used
 Safety Equipment Effective
 School Zone Indicator State Property Indicator
 Submission Type
 Surface Condition
 Surface Type
 Township
 Traffic Control
 Traffic Control Operational
 Trailers Involved
 Type of Crash
 Type of Median
 Type of Roadway
 Unique Location ID
 Urban/Rural
 Vehicle Emergency Run
 Vehicle Licensed State
 Vehicle Make
 Vehicle Model
 Vehicle Pre-Crash Action
 Vehicle Towed Indicator
 Vehicle Travel Direction
 Vehicle Type
 Vehicle Use
 Vehicle Year
 Vehicles Involved
 Weather Condition